

Debtor Name **Joyce Leslie, Inc.**
United States Bankruptcy Court for the Southern District of New York
Case number (if known): **16-22035**

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

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Part 1: Summary of Assets

1. Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$7,248,818.86

1c. Total of all property:

Copyline 92 from *Schedule A/B*..... \$7,248,818.86

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$105,000.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total of amounts of priority unsecured claims:

Copy the total claims from Part 1 from the line 5a of *Schedule E/F*..... \$1,608,766.30

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$5,630,204.33

4. Total liabilities

Lines 2 + 3a + 3b \$7,343,970.63

Debtor Name **Joyce Leslie, Inc.****United States Bankruptcy Court for the Southern District of New York**Case number (if known): **16-22035**☐ Check if this is an amended filingOfficial Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be complete and accurate as possible. If more space is needed, attach a separate spreadsheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below.**All cash of cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

\$21,065.95

3. Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1 Bank of America	Depository Account	4826	\$41,584.46
3.2 Bank of America	Prior Refund acct - Inactive	0387	\$908.14
3.3 Chase Manhattan Bank	Store Depository - Inactive	2250	\$972.47
3.4 Everbank	Cash on Deposit (Restricted)	1801	\$1,445,266.78
3.5 Sterling National Bank	Operating Account	9101	\$200,258.32
3.6 TD Bank	Store Depository	3507	\$60,921.52
3.7 Valley National Bank	Petty Cash	5632	\$5,275.75
3.8 Wells Fargo	Prior general disbursement acct - Inactive	8650	\$5,278.29
3.9 Wells Fargo	Prior payroll disbursement acct - Inactive	9811	\$1,410.81
3.10 Wells Fargo	Store Depository	9116	\$136,509.55

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4. **Other cash equivalents**

5. **Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,919,452.04

Part 2: Deposits and prepayments

6. **Does the debtor have any deposits or prepayments?**

☐ No. Go to Part 3.

☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1	ConEdison	Utility Deposit	\$300.00
7.2	ConEdison	Utility Deposit	\$540.00
7.3	ConEdison	Utility Deposit	\$2,940.00
7.4	Freeport Electric	Utility Deposit	\$4,000.00
7.5	NJ American Water	Utility Deposit	\$30.00
7.6	PECO	Utility Deposit	\$396.00
7.7	South Jersey Gas	Utility Deposit	\$480.00
7.8	Southern Connecticut Gas	Utility Deposit	\$350.00
7.9	Southern Connecticut Gas	Utility Deposit	\$175.00
7.10	UGI	Utility Deposit	\$380.00
7.11	East Cedarbrook Plaza, LLC	Landlord Deposit	\$13,500.00
7.12	Nassimi Realty, LLC	Landlord Deposit	\$13,500.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1	Prepaid G/L Insurance	\$176,808.00
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8.4	Prepaid R/E Tax - landlords	\$89,591.00
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\$702,855.00

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15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agricultural assets

18. **Does the debtor own any inventory (excluding agricultural assets)?**

☐ No. Go to Part 6.

☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
19. Raw Materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
21.1 See Exhibit 21	01/10/2015			\$3,884,757.80
22. Other inventory or supplies				
23. Total of Part 5				
Add lines 19 through 22. Copy the total to line 84.				\$3,884,757.80

24. **Is any of the property listed in Part 5 perishable?**

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☐ No.

☐ Yes.

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No.

☒ Yes. Book Value \$ 42,658.50 Valuation Method Invoiced Cost Current Value \$ 42,658.50

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☐ No.

☒ Yes.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
28. Crops - either planted or harvested			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

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33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative?

☐ No.

☐ Yes.

Is any of the debtor's property stored at the cooperative?

☐ No.

☐ Yes.

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No.

☐ Yes. Book Value \$ _____ Valuation Method _____ Current Value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No.

☐ Yes.

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No.

☐ Yes.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes. Fill in the information below.

General description

**Net book value of
debtor's interest**

**Valuation method
used for current value**

**Current value of
debtor's interest**

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39. Office furniture

39.1 Furniture & Fixtures	\$1,255,186.17	Estimated Recovery Value	\$400,000.00
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40. Office fixtures

40.1 Leasehold Improvements	\$691,737.70	Estimated Recovery Value	\$0.00
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41. Office equipment, including all computer equipment and communication systems equipment and software

41.1 Included in Question 39

42. Collectibles

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$400,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No.

☒ Yes.

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☐ No.

☒ Yes.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

General description

**Net book value of
debtor's interest**

**Valuation method
used for current value**

**Current value of
debtor's interest**

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47. Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles

47.1 Vehicles	\$99,610.00	\$99,610.00
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48. Watercraft, trailers, motors, and related accessories

Examples: Boats, trailers, motors, floating homes, personal watercraft, fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$99,610.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No.

☒ Yes.

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☐ No.

☒ Yes.

Part 9: Real property

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No.
☐ Yes.

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No.
☐ Yes.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, or trade secrets			
60.1 JL & Design (w/Heart Logo)			Unknown
60.2 JL & Design (w/Heart Logo)			Unknown
60.3 JL (w/ Heart Logo)			Unknown
60.4 JOYCE LESLIE			Unknown
60.5 JOYCE LESLIE			Unknown
60.6 KOJI YOHUI			Unknown

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60.7 TAXI Unknown

60.8 TAXI & Design (w/Taxi Logo) Unknown

61. Internet domain names and websites

61.1 Joyceleslie.com Unknown

61.2 Joyceleslie.net Unknown

61.3 Joycelesliestores.com Unknown

61.4 Shopjoyceleslie.com Unknown

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

63.1 Postal Mailing List - 11k addresses Unknown

63.2 Email List - 97k email addresses Unknown

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers?

☐ No.

☒ Yes.

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

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☒ No.

☐ Yes.

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No.

☐ Yes.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

☒ No. Go to Part 12.

☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

- =

Total face amount

Doubtful or uncollectible amount

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Nature of claim

Amount Requested

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off**

Nature of claim

Amount Requested

76. **Trusts, equitable or future interests in property**

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77. Other property of any kind not already listed

Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☐ No.

☐ Yes.

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Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$1,919,452.04	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$702,855.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$242,144.02	
83. Investments. <i>Copy line 17, Part 4.</i>		
84. Inventory. <i>Copy line 23, Part 5.</i>	\$3,884,757.80	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$400,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$99,610.00	
88. Real Property. <i>Copy line 56, Part 9.</i>		
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>		
90. All other assets. <i>Copy line 78, Part 11.</i>		
91. Total. Add lines 80 through 90 for each column.	91a. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$7,248,818.86</div>	+ 91b. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$0.00</div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">\$7,248,818.86</div>	

Joyce Leslie, Inc.

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Schedule AB - Q2 - Cash on Hand

ACCOUNT	LOCATION	PETTY CASH
Store # 06	Morris Plains, NJ	\$ 300.00
Store # 07	Carle Place, NY	\$ 350.00
Store # 08	Farmingdale, NY	\$ 300.00
Store # 09	Commack, NY	\$ 350.00
Store # 12	Jersey City, NJ	\$ 460.00
Store # 18	Bayonne, NJ	\$ 300.00
Store # 19	Port Chester, NY	\$ 450.00
Store # 23	Trumbull, CT	\$ 645.00
Store # 24	Rockaway, NJ	\$ 300.00
Store # 25	Watchung, NJ	\$ 380.00
Store # 26	White Plains, NY	\$ 670.00
Store # 27	Glassboro, NJ	\$ 200.00
Store # 28	N Babylon, NY	\$ 400.00
Store # 30	Wyncote, PA	\$ 450.00
Store # 31	Edgewater, NJ	\$ 825.00
Store # 32	Freehold, NJ	\$ 650.00
Store # 33	Brooklyn, NY	\$ 450.00
Store # 35	South Plainfield, NJ	\$ 300.00
Store # 36	Coram, NY	\$ 400.00
Store # 37	Philadelphia, PA	\$ 400.00
Store # 38	Philadelphia, PA	\$ 400.00
Store # 39	East Meadow, NY	\$ 405.00
Store # 41	Brooklyn, NY	\$ 454.30
Store # 43	Voorhees, NJ	\$ 467.87
Store # 45	Paramus, NJ	\$ 650.00
Store # 46	East Brunswick, NJ	\$ 530.00
Store # 48	Marlton, NJ	\$ 300.00
Store # 49	Deptford, NJ	\$ 525.00
Store # 51	Passaic, NJ	\$ 375.00
Store # 58	Philadelphia, PA	\$ 400.00
Store # 59	Freeport, NY	\$ 525.00
Store # 61	Philadelphia, PA	\$ 600.00
Store # 63	Woodbridge, NJ	\$ 500.00
Store # 66	Toms River, NJ	\$ 387.00
Store # 67	Mays Landing, NJ	\$ 300.00
Store # 68	Middletown, NJ	\$ 325.00
Store # 75	Wall Township, NJ	\$ 275.00
Store # 78	North Haven , CT	\$ 375.00
Store # 79	Pelham, NY	\$ 600.00
Store # 82	Flushing, NY	\$ 310.00
Store # 84	Woodland Park, NJ	\$ 531.78
Store # 85	Cherry Hill, NJ	\$ 450.00
Store # 87	Ridgewood, NY	\$ 275.00
Store # 88	Milford, CT	\$ 625.00
Store # 93	Middletown, NY	\$ 600.00
Store # 95	Whitehall, PA	\$ 300.00
HQ # 99	Moonachie , NJ	\$ 1,000.00
Total:		\$ 21,065.95

Joyce Leslie, Inc.

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Schedule AB - Q21 - Finished goods, including goods held for resale

Store #	Store Name	Cost Value
6	Morris Plains	\$ 72,640.00
7	Carle Place	\$ 83,848.00
8	Farmingdale	\$ 138,084.00
9	Commack	\$ 103,050.00
12	Jersey City	\$ 116,231.00
18	Bayonne	\$ 86,490.00
19	Portchester	\$ 135,778.00
23	Trumbull	\$ 83,757.00
24	Rockaway	\$ 77,961.00
25	Blue Star	\$ 80,993.00
26	White Plains	\$ 189,535.00
27	Glassboro	\$ 63,752.00
28	No. Babylon	\$ 70,222.00
30	Cedarbrook	\$ 143,657.00
31	Edgewater	\$ 75,451.00
32	Freehold	\$ 83,253.00
33	Ralph Ave.	\$ 165,700.00
35	Hadley	\$ 80,786.00
36	Coram	\$ 96,341.00
37	Philadelphia	\$ 161,446.00
38	Aramingo Ave.	\$ 127,529.00
39	East Meadow	\$ 78,315.00
41	86th Street	\$ 106,962.00
43	Echelon	\$ 49,640.00
45	Paramus	\$ 185,316.00
46	E. Brunswick	\$ 77,364.00
48	Marlton Crossing	\$ 71,709.00
49	Deptford	\$ 92,041.00
51	Passaic	\$ 136,304.00
56	Bricktown	\$ 118,944.00
58	Columbus Crossing	\$ 113,587.00
59	Freeport	\$ 142,933.00
61	Bakers Center	\$ 115,356.00
63	Woodbridge	\$ 119,568.00
66	Toms River	\$ 58,193.00
67	Atlantic City	\$ 84,394.00
68	Middletown plaza NJ	\$ 83,307.00
75	Wall Township	\$ 63,210.00
78	North Haven	\$ 158,926.00
79	Pelham	\$ 166,428.00
82	Flushing	\$ 108,458.00

Joyce Leslie, Inc.

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Schedule AB - Q21 - Finished goods, including goods held for resale

Store #	Store Name	Cost Value
84	Woodland Park	\$ 203,128.00
85	Cherry Hill	\$ 91,209.00
87	Myrtle Ave.	\$ 72,854.00
88	Milford Crossing	\$ 66,031.00
93	Middletown NY	\$ 117,265.00
95	Allentown	\$ 88,262.00
	Estimated Shrink	\$ (1,121,450.20)
	Total Inventory	\$ 3,884,757.80

Note: Inventory amount is an estimate based on stock ledger inventory at the time of filing and an estimate of shrinkage that is consistent with the Company's historical shrink levels. This amount differs from the Company's month end balance sheet at 1/9/16 due to the fact that the Company accrues a shrink allowance in excess of actual shrinkage throughout the year and then reconciles once the physical inventory is conducted each year which would represent a significant variance to the stock ledger balance at the time of filing.

In re Joyce Leslie, Inc.

Debtor

Case No. 16-22035

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. § 522 (b)(2)☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*☐ 11 U.S.C. § 522 (b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF THE PROPERTY WITHOUT DEDUCTING EXEMPTION
NONE			

* Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Debtor Name **Joyce Leslie, Inc.**

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United States Bankruptcy Court for the Southern District of New YorkCase number (if known): **16-22035**☐ Check if this is an amended filing**Official Form 206D****Schedule D - Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim	
2.1	Creditor's name Everbank Creditor's mailing address ATTN: MARK FAGNANI 10 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054 Creditor's email address, if known Date debt was incurred Last four digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien SEE NOTE BELOW Describe the lien SEE NOTE BELOW Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$105,000.00	\$105,000.00

Everbank, the Debtor's former ABL lender, was paid off in full on January 6, 2016 at which time all liens on the Debtor's assets were released. Everbank does hold \$355,000 of cash deposits. The only residual obligation owed to Everbank is a letter of credit standing as security for the Company's headquarters lease. This letter of credit is separately collateralized by a separate cash collateral account of \$105,000. Everbank also holds a \$250,000 cash deposit for subsequent liabilities or expenses, which will be released in its discretion or upon receipt of a general release from the Company.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$105,000.00

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F - Creditors Who Have Claims Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims?

☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditor who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>ABDUL KARIM, NALIJAH 8509 FORREST AVE PHILADELPHIA, PA 19150</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</p>	<p>As of the petition filing date, the claim is:</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: EMPLOYEE WAGES, SALARIES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$144.00</p> <p>\$144.00</p>
2.2	<p>Priority creditor's name and mailing address</p> <p>ABDUL KARIM, NALIJAH 8509 FORREST AVE PHILADELPHIA, PA 19150</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</p>	<p>As of the petition filing date, the claim is:</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: OUTSTANDING PAYROLL CHECKS</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$129.69</p> <p>\$129.69</p>
2.3	<p>Priority creditor's name and mailing address</p> <p>ABRAMS, DAISHA 803 CENTRAL AVE ASBURY PARK, NJ 7712</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</p>	<p>As of the petition filing date, the claim is:</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: EMPLOYEE WAGES, SALARIES</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$148.05</p> <p>\$148.05</p>

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		Total claim	Priority amount
2.8	Priority creditor's name and mailing address ADAMS, KELSEY 119 ESSEX ST APT 2C HACKENSACK, NJ 07601 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.45 \$242.45
2.9	Priority creditor's name and mailing address ADEBIYI, ADEBOBOLA 233 SHERMAN ST PASSAIC, NJ 7055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00 \$2,800.00
2.10	Priority creditor's name and mailing address ADEBIYI, OLUSHOLA 233 SHERMAN ST PASSAIC, NJ 7055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.00 \$380.00
2.11	Priority creditor's name and mailing address ADEBIYI, OLUSHOLA 233 SHERMAN ST PASSAIC, NJ 07055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.43 \$275.43

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		Total claim	Priority amount
2.20	Priority creditor's name and mailing address AKUMUO, JULIET 7 BERKSHIRE DRIVE SEWELL, NJ 08080 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$685.67 \$685.67
2.21	Priority creditor's name and mailing address AL-AMIN, SAFIYYAH 2732 WOLF ST PHILADELPHIA, PA 19145 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463.52 \$463.52
2.22	Priority creditor's name and mailing address AL-AMIN, SAFIYYAH 2732 WOLF ST PHILADELPHIA, PA 19145 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213.99 \$213.99
2.23	Priority creditor's name and mailing address ALARCON, EDITH 291 W CLINTON ST APT B DOVER, NJ 7801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.45 \$485.45

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		Total claim	Priority amount
2.28	Priority creditor's name and mailing address ALBRIGHT, THERESA 146 SOUTH 13 ST CATASAUQUA, PA 18032 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$472.69 \$472.69
2.29	Priority creditor's name and mailing address ALCIN, JOANE 87 MAPLE ST APT 1C WHITE PLAINS, NY 10603 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$612.45 \$612.45
2.30	Priority creditor's name and mailing address ALCIN, JOANE 87 MAPLE ST APT 1C WHITE PLAINS, NY 10603 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.48 \$211.48
2.31	Priority creditor's name and mailing address ALCIN, JOANE 87 MAPLE ST APT 1C WHITE PLAINS, NY 10603 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.73 \$183.73

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		Total claim	Priority amount	
2.32	Priority creditor's name and mailing address ALCIN, JOANE 87 MAPLE ST APT 1C WHITE PLAINS, NY 10603 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.93 	\$116.93
2.33	Priority creditor's name and mailing address ALFARO, GIOVANNA 633 KENNEDY BLVD APT 1 BAYONNE, NJ 7002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.43 	\$368.43
2.34	Priority creditor's name and mailing address ALFARO, GIOVANNA 633 KENNEDY BLVD BAYONNE, NJ 07002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.70 	\$0.70
2.35	Priority creditor's name and mailing address ALFONSO, ALEXANDRA 120 PRINCETON PLACE PALISADES PARK, NJ 7650 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 	\$0.00

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		Total claim	Priority amount
2.36	Priority creditor's name and mailing address ALLEN, NARDEJA 3500 OLD YORK RD PHILADELPHIA, PA 19140 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.40 \$236.40
2.37	Priority creditor's name and mailing address ALLEN, NARDEJA 3500 OLD YORK RD PHILADELPHIA, PA 19140 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.05 \$139.05
2.38	Priority creditor's name and mailing address ALMANZAR, VALENTINA 8115 FERNDAL ST PHILADELPHIA, PA 19111 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.75 \$40.75
2.39	Priority creditor's name and mailing address ALMONTE, YUDELKA 220 E 21ST ST PATERSON, NJ 7513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,700.00 \$3,700.00

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		Total claim	Priority amount
2.40	Priority creditor's name and mailing address ALMONTE, YUDELKA 220 E 21ST ST PATERSON, NJ 07513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$748.62 \$748.62
2.41	Priority creditor's name and mailing address ALVARADO, SANDRA 24 PUTNAM AVE APT 1 PORTCHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.94 \$359.94
2.42	Priority creditor's name and mailing address ALVARADO, SANDRA 24 PUTNAM AVE APT 1 PORTCHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.27 \$179.27
2.43	Priority creditor's name and mailing address ALVARENGA, RUTH 3 HILLAIRY AVE MORRISTOWN, NJ 7960 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.21 \$108.21

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		Total claim	Priority amount
2.44	Priority creditor's name and mailing address ALVARENGA, RUTH 3 HILLAIRY AVE MORRISTOWN, NJ 07960 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.78 \$211.78
2.45	Priority creditor's name and mailing address ALVAREZ, DAYAMI 411-21TH ST APT 1 UNION CITY, NJ 7087 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$664.19 \$664.19
2.46	Priority creditor's name and mailing address ALVAREZ, DAYAMI 411-21TH ST APT 1 UNION CITY, NJ 07087 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$688.91 \$688.91
2.47	Priority creditor's name and mailing address ALVAREZ, ROSA 375 STATE ST APT# 804 PERTH AMBOY, NJ 8861 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$396.12 \$396.12

Total claim	Priority amount
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		Total claim	Priority amount
2.52	Priority creditor's name and mailing address ANDERSON, TAFARA 864 EAST 222ST ST 1ST FL BRONX, NY 10467 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.99 \$113.99
2.53	Priority creditor's name and mailing address ANTENOR, ARSHLEY 408 KELLER AVENUE ELMONT, NY 11003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$642.35 \$642.35
2.54	Priority creditor's name and mailing address ANTENOR, ARSHLEY 408 KELLER AVENUE ELMONT, NY 11003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.12 \$220.12
2.55	Priority creditor's name and mailing address ANTENOR, ARSHLEY 408 KELLER AVENUE ELMONT, NY 11003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$263.17 \$263.17

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		Total claim	Priority amount
2.56	Priority creditor's name and mailing address APANCO GAMBOA, JESSICA 106-05 37 AVE 1ST FLOOR CORONA, NY 11368 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$619.06 \$619.06
2.57	Priority creditor's name and mailing address APANCO GAMBOA, JESSICA 106-05 37 AVE 1ST FL CORONA, NY 11368 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.25 \$185.25
2.58	Priority creditor's name and mailing address APARICIO, ANTONIO 150-37 STREET APT B1 UNION CITY, NJ 7087 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$936.00 \$936.00
2.59	Priority creditor's name and mailing address APARICIO, ANTONIO 150-37 STREET UNION CITY, NJ 07087 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$407.45 \$407.45

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		Total claim	Priority amount
2.60	Priority creditor's name and mailing address APONTE, CHARISSE 420 PREAKNESS AVE APT. 1 PATERSON, NJ 7502 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.61	Priority creditor's name and mailing address ARAUJO, JAZMIN 250 FIR TREE CT MARLTON, NJ 8053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.62	Priority creditor's name and mailing address ARAUJO, JAZMIN 250 FIR TREE CT MARLTON, NJ 08053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.63	Priority creditor's name and mailing address ARAUJO, ROCIO 211 JOHNSON AVENUE APT 6E HACKENSACK, NJ 7601 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Total claim	Priority amount
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		Total claim	Priority amount
2.72	Priority creditor's name and mailing address ARMOND, MOENEYA 506 COLIMBUS AVE NEW HAVEN, CT 6519 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.73	Priority creditor's name and mailing address ARROYO, HERLINDA 4796 HEMPSTEAD TURNPIKE FARMINGDALE, NY 11735 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.72 \$103.72
2.74	Priority creditor's name and mailing address ARROYO, SAMANTHA 77 MADISON AVENUE APT 2 PATERSON, NJ 7524 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$552.25 \$552.25
2.75	Priority creditor's name and mailing address ARROYO, SAMANTHA 77 MADISON AVENUE APT 2 PATERSON, NJ 07524 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297.41 \$297.41

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		Total claim	Priority amount
2.76	Priority creditor's name and mailing address ASAINOVA, NADEJDA 30 ALICE CT BETHAGE, NY 11714 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.25 \$146.25
2.77	Priority creditor's name and mailing address ASAINOVA, NADEJDA 30 ALICE CT BETHAGE, NY 11714 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.22 \$107.22
2.78	Priority creditor's name and mailing address ATALLA, IREN 160 MERILINE AVE APT.F WOODLAND PARK, NJ 7424 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.54 \$469.54
2.79	Priority creditor's name and mailing address ATALLA, IREN 160 MERILINE AVE APT.F WOODLAND PARK, NJ 07424 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202.17 \$202.17

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		Total claim	Priority amount
2.80	Priority creditor's name and mailing address AVALOS-FLORES, JENNIFER 2628 N. PALETHORP ST PHILADELPHIA, PA 19133 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$429.53 \$429.53
2.81	Priority creditor's name and mailing address AVALOS-FLORES, JENNIFER 2628 N. PALETHORP ST PHILADELPHIA, PA 19133 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$383.95 \$383.95
2.82	Priority creditor's name and mailing address AYALA, DANY 103-B GLENN CT FARMINGDALE, NY 11735 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.62 \$190.62
2.83	Priority creditor's name and mailing address AYALA, DANY 103-B GLENN CT FARMINGDALE, NY 11735 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.43 \$217.43

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		Total claim	Priority amount
2.88	Priority creditor's name and mailing address BAEZ, BEATRICE 42 WEST LANE MEDFORD, NY 11703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.08 \$73.08
2.89	Priority creditor's name and mailing address BAEZ, BEATRICE 42 WEST LANE MEDFORD, NY 11703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.12 \$109.12
2.90	Priority creditor's name and mailing address BAEZ, MELANI 26 DONALD ST WEST HAVEN, CT 06516 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$672.34 \$672.34
2.91	Priority creditor's name and mailing address BAEZ, MELANI 26 DONALD ST WEST HAVEN, CT 06516 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227.43 \$227.43

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		Total claim	Priority amount
2.92	Priority creditor's name and mailing address BAKER, KAI 1610 BRUNELLA AVE PISCATAWAY, NJ 8854 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$341.75 \$341.75
2.93	Priority creditor's name and mailing address BAKER, KAI 1610 BRUNELLA AVE PISCATAWAY, NJ 08854 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.55 \$112.55
2.94	Priority creditor's name and mailing address BAKER, KAI 1610 BRUNELLA AVE PISCATAWAY, NJ 08854 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.90 \$176.90
2.95	Priority creditor's name and mailing address BALDERAS, JUDITH 8 FRANKLIN PL MORRIS PLAINS, NJ 7950 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.20 \$350.20

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.96	Priority creditor's name and mailing address BALDERAS, JUDITH 8 FRANKLIN PL MORRIS PLAINS, NJ 07950 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.63 \$174.63
2.97	Priority creditor's name and mailing address BALTAZAR, ROSE 216 PRAIRIE DR NORTH BABYLON, NY 11703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$458.03 \$458.03
2.98	Priority creditor's name and mailing address BALTAZAR, ROSE 216 PRAIRIE DR NORTH BABYLON, NY 11703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$534.87 \$534.87
2.99	Priority creditor's name and mailing address BAPTISTE, KELLY 2 KILGOUR CT MARLTON, NJ 8053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.05 \$173.05

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		Total claim	Priority amount
2.100	Priority creditor's name and mailing address BAPTISTE, KELLY 2 KILGOUR CT MARLTON, NJ 08053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.16 \$177.16
2.101	Priority creditor's name and mailing address BARBER, HARLEY 3704 ELBERTA LN MARLTON, NJ 8053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.20 \$116.20
2.102	Priority creditor's name and mailing address BARBER, HARLEY 3704 ELBERTA LN MARLTON, NJ 08053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.57 \$124.57
2.103	Priority creditor's name and mailing address BARGFREDE, SAMANTHA 90 PARKS RD DENVER, NJ 7834 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.77 \$183.77

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		Total claim	Priority amount
2.104	Priority creditor's name and mailing address BARGFREDE, SAMANTHA 90 PARKS RD DENVER, NJ 07834 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.06 \$191.06
2.105	Priority creditor's name and mailing address BARR, BRIANNA 5814 FARRAGUT ROAD APT #2B BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$628.17 \$628.17
2.106	Priority creditor's name and mailing address BARR, BRIANNA 5814 FARRAGUT ROAD APT #2B BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.07 \$164.07
2.107	Priority creditor's name and mailing address BARRETO, EMILY 365 LEON AVE PERTH AMBOY, NJ 8861 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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			Total claim	Priority amount
2.108	Priority creditor's name and mailing address BARRETO, EMILY 365 LEON AVE PERTH AMBOY, NJ 08861	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$403.34	\$403.34
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.109	Priority creditor's name and mailing address BARRETO, YALILY 11-K PARKWOOD DR SOUTH AMBOY, NJ 8879	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,400.00	\$2,400.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.110	Priority creditor's name and mailing address BARRETO, YALILY 11-K PARKWOOD DR SOUTH AMBOY, NJ 08879	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$502.21	\$502.21
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.111	Priority creditor's name and mailing address BARRY, SHIVONNE 1535 PARK PLACE APT 1 BROOKLYN, NY 11213	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,668.75	\$2,668.75
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.112	Priority creditor's name and mailing address BARRY, SHIVONNE 1535 PARK PLACE APT 1 BROOKLYN, NY 11213 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.69 \$182.69
2.113	Priority creditor's name and mailing address BARRY-HAZEL, COLLEEN 626 EAST 35TH STREET APT 1E BROOKLYN, NY 11203 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,353.00 \$1,353.00
2.114	Priority creditor's name and mailing address BARRY-HAZEL, COLLEEN 626 EAST 35TH STREET APT 1E BROOKLYN, NY 11203 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.97 \$265.97
2.115	Priority creditor's name and mailing address BARTLETT, KAYLA 22 NORTH STREET APT 3 WEST HAVEN, NJ 8318 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$836.00 \$836.00

Total claim	Priority amount
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		Total claim	Priority amount
2.128	Priority creditor's name and mailing address BELLAMY, SHAUNTEL 245 DIVISION STREET KEYPORT, NJ 7735 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,191.30 \$1,191.30
2.129	Priority creditor's name and mailing address BELLAMY, SHAUNTEL 245 DIVISION STREET KEYPORT, NJ 07735 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.40 \$128.40
2.130	Priority creditor's name and mailing address BENTLEY, RENATE 190 WOOSTER ST #65 NEW HAVEN, CT 6511 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942.60 \$942.60
2.131	Priority creditor's name and mailing address BENTLEY, RENATE 190 WOOSTER ST #65 NEW HAVEN, CT 06511 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$926.11 \$926.11

Total claim	Priority amount
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			Total claim	Priority amount
2.136	Priority creditor's name and mailing address BILLAK, CHERYLANN 150 EAST ATLANTIC AVE APT. M-3 HI-NELLA, NJ 8083	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,760.00	\$1,760.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.137	Priority creditor's name and mailing address BILLAK, CHERYLANN 150 EAST ATLANTIC AVE APT. M-3 HI-NELLA, NJ 08083	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$451.69	\$451.69
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.138	Priority creditor's name and mailing address BINDER, JORDAN 9 GUILFORD CT MARLTON, NJ 8053	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,575.00	\$1,575.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.139	Priority creditor's name and mailing address BINDER, JORDAN 9 GUILFORD CT MARLTON, NJ 08053	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155.32	\$155.32
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.140	Priority creditor's name and mailing address BIRCHLER, HEATHER 11 ANCHORAGE BLVD BAYVILLE, NJ 8721 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$673.10 \$673.10
2.141	Priority creditor's name and mailing address BIRCHLER, HEATHER 11 ANCHORAGE BLVD BAYVILLE, NJ 08721 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.40 \$269.40
2.142	Priority creditor's name and mailing address BISWAS, ARPITA 168 BLUEBERRY LANE HICKSVILLE, NY 11801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$814.66 \$814.66
2.143	Priority creditor's name and mailing address BISWAS, ARPITA 168 BLUEBERRY LANE HICKSVILLE, NY 11801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$311.53 \$311.53

Total claim	Priority amount
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			Total claim	Priority amount
2.148	Priority creditor's name and mailing address BONILLA, CESAR 27 BURGESS PLACE PASSAIC, NJ 07055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$379.18	\$379.18
2.149	Priority creditor's name and mailing address BONILLA, MA.THERESA 81 COUNTRYSIDE LN MAYS LANDING, NJ 8330 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$489.98	\$489.98
2.150	Priority creditor's name and mailing address BONILLA, MA.THERESA 81 COUNTRYSIDE LN MAYS LANDING, NJ 08330 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.41	\$179.41
2.151	Priority creditor's name and mailing address BORGES, KATIRIA 4255 BENNINGTON ST PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.00	\$320.00

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.160	Priority creditor's name and mailing address BRION, ELISA 75 WEST 15TH ST BAYONNE, NJ 07002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.26 \$62.26
2.161	Priority creditor's name and mailing address BRITO, FIORINA 352 N BROADWAY YONKERS, NY 10701 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$411.27 \$411.27
2.162	Priority creditor's name and mailing address BRITO, FIORINA 352 N BROADWAY YONKERS, NY 10701 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.96 \$146.96
2.163	Priority creditor's name and mailing address BROOKS, AMANDA 521 LAFAYETTE BLVD BRIGANTINE, NJ 8203 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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		Total claim	Priority amount
2.172	Priority creditor's name and mailing address BROWN, SHANIKA 250 THOMPSON RD JACKSON, NJ 08527 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.57 \$96.57
2.173	Priority creditor's name and mailing address BRUZIO, BRITTANY 1537 S. HOLLYWOOD ST PHILADELPHIA, PA 19146 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$571.54 \$571.54
2.174	Priority creditor's name and mailing address BRUZIO, BRITTANY 1537 S. HOLLYWOOD ST PHILADELPHIA, PA 19146 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.57 \$149.57
2.175	Priority creditor's name and mailing address BURNS, AMYRA 125 PRESIDENTIAL BLVD APT 2F PATERSON, NJ 7522 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.21 \$83.21

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		Total claim	Priority amount
2.176	Priority creditor's name and mailing address BURNS, AMYRA 125 PRESIDENTIAL BLVD APT 2F PATERSON, NJ 07522 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.89 \$162.89
2.177	Priority creditor's name and mailing address BURROUGHS, IASHA 825 WEST 4TH ST PLAINFIELD, NJ 07063 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.72 \$179.72
2.178	Priority creditor's name and mailing address BUTLER, J'NELLE 54 RATHBUN AVE WHITE PLAINS, NY 10606 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,416.20 \$2,416.20
2.179	Priority creditor's name and mailing address BUTLER, J'NELLE 54 RATHBUN AVE WHITE PLAINS, NY 10606 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.73 \$73.73

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		Total claim	Priority amount
2.180	Priority creditor's name and mailing address BUTTEN, SABRINA 374 RIDGEWOOD AVE BROOKLYN, NY 11208 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$428.85 \$428.85
2.181	Priority creditor's name and mailing address BUTTEN, SABRINA 374 RIDGEWOOD AVE BROOKLYN, NY 11208 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170.92 \$170.92
2.182	Priority creditor's name and mailing address BUTZ, TAYLLOR 5179 PENNSYLVANIA ST WHITEHALL, PA 18052 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.40 \$81.40
2.183	Priority creditor's name and mailing address BUTZ, TAYLLOR 5179 PENNSYLVANIA ST WHITEHALL, PA 18052 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$177.36 \$177.36

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		Total claim	Priority amount
2.184	Priority creditor's name and mailing address CABANAS, STACEY 2855 CROPSEY AVE APT 2R BROOKLYN, NY 11214 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$611.38 \$611.38
2.185	Priority creditor's name and mailing address CABANAS, STACEY 2855 CROPSEY AVE APT 2R BROOKLYN, NY 11214 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.88 \$517.88
2.186	Priority creditor's name and mailing address CABRERA, MILLIE 408 75TH ST. NORTH BERGEN, NJ 7047 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.65 \$109.65
2.187	Priority creditor's name and mailing address CABRERA, MILLIE 408 75TH ST. NORTH BERGEN, NJ 07047 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.99 \$97.99

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		Total claim	Priority amount	
2.188	Priority creditor's name and mailing address CACEVIC, ELIZABETH 1 HILLTOP DR NORTH SALEM, NY 10560 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,480.80 	\$3,480.80
2.189	Priority creditor's name and mailing address CACEVIC, ELIZABETH 1 HILLTOP DR NORTH SALEM, NY 10560 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.78 	\$111.78
2.190	Priority creditor's name and mailing address CALDERON GONZALEZ, KELLY 54 PRINCETON AVE APT A DOVER, NJ 7801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376.82 	\$376.82
2.191	Priority creditor's name and mailing address CALO, MICHAEL 12 EAST 3RD STREET BROOKLYN, NY 11214 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$909.17 	\$909.17

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		Total claim	Priority amount
2.200	Priority creditor's name and mailing address CANGE, CIARAH 70 OAKLEY AVE MASSAPEQUA, NY 11758 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$991.76 \$991.76
2.201	Priority creditor's name and mailing address CANNONIER, EILEEN 2 OAK STREET APT 3H WHITE PLAINS, NY 10603 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,154.60 \$1,154.60
2.202	Priority creditor's name and mailing address CANNONIER, EILEEN 2 OAK STREET APT 3H WHITE PLAINS, NY 10603 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$717.83 \$717.83
2.203	Priority creditor's name and mailing address CARDONA, MELISSA 2301 GATHERMY DRIVE HALEDON, NJ 7508 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$349.45 \$349.45

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		Total claim	Priority amount
2.208	Priority creditor's name and mailing address CARRINGTON, RAQUEL 315 KING STREET PORT CHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$192.79 \$192.79
2.209	Priority creditor's name and mailing address CARRINGTON, RAQUEL 315 KING STREET PORT CHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.29 \$695.29
2.210	Priority creditor's name and mailing address CARTER, JASMINE 236 E ASHMEAD ST PHILADELPHIA, PA 19144 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.73 \$325.73
2.211	Priority creditor's name and mailing address CARTER, JASMINE 236 E ASHMEAD ST PHILADELPHIA, PA 19144 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.65 \$215.65

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		Total claim	Priority amount
2.212	Priority creditor's name and mailing address CARTER, TENEVIA 375 NORTON ST APT# 1 NEW HAVEN, CT 6511 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.213	Priority creditor's name and mailing address CARUSO, MARIA 61 PIKE DRIVE APT. 2B WAYNE, NJ 7470 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,880.00 \$2,880.00
2.214	Priority creditor's name and mailing address CARUTH, RANICE 120 HEMINGWAY ST APT 7 NEW HAVEN, CT 6513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.75 \$130.75
2.215	Priority creditor's name and mailing address CASQUETE, ALBA 18 HAMPTON CT MAYWOOD, NJ 7607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$888.45 \$888.45

Total claim	Priority amount
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		Total claim	Priority amount
2.220	Priority creditor's name and mailing address CASTILLO, MEGAN 207 NORTH BEECH STREET NORTH MASSAPEQUA, NY 11758 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.28 \$179.28
2.221	Priority creditor's name and mailing address CASTILLO, MEGAN 207 NORTH BEECH STREET NORTH MASSAPEQUA, NY 11758 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.48 \$309.48
2.222	Priority creditor's name and mailing address CASTILLO, MEGAN 207 NORTH BEECH STREET NORTH MASSAPEQUA, NY 11758 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289.03 \$289.03
2.223	Priority creditor's name and mailing address CASTILLO, NAYDU 34 N SUSSEX ST APT# 3C DOVER, NJ 7801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$382.45 \$382.45

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		Total claim	Priority amount
2.228	Priority creditor's name and mailing address CEBALLOS, YULISSA 1772 PEACH TREE CIR WHITEHALL, PA 18052 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.54 \$44.54
2.229	Priority creditor's name and mailing address CELI, ANDREA 44 JAMES STREET DOVER, NJ 7801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00 \$3,200.00
2.230	Priority creditor's name and mailing address CELI, ANDREA 44 JAMES STREET DOVER, NJ 07801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$697.05 \$697.05
2.231	Priority creditor's name and mailing address CESPEDES, NICORANIS 306 OAK STREET PASSAIC, NJ 07055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.44 \$149.44

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			Total claim	Priority amount
2.240	Priority creditor's name and mailing address CHEN, BIN LING 47-05 50TH AVE WOODSIDE, NY 11377 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.76	\$483.76
2.241	Priority creditor's name and mailing address CHEN, BIN LING 47-05 50TH AVE WOODSIDE, NY 11377 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.11	\$168.11
2.242	Priority creditor's name and mailing address CHEN, BIN LING 47-05 50TH AVE WOODSIDE, NY 11377 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.58	\$117.58
2.243	Priority creditor's name and mailing address CHEN, BIN LING 47-05 50TH AVE WOODSIDE, NY 11377 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179.61	\$179.61

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		Total claim	Priority amount
2.248	Priority creditor's name and mailing address CHICHESTER, CHRISTINE 21219 94TH AVE QUEENS VILLAGE, NY 11428 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,356.12 \$1,356.12
2.249	Priority creditor's name and mailing address CHICHESTER, CHRISTINE 21219 94TH AVE QUEENS VILLAGE, NY 11428 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.44 \$224.44
2.250	Priority creditor's name and mailing address CHILDS, HARRY 1226 EAST SYDNEY ST PHILADELPHIA, PA 19150 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.08 \$465.08
2.251	Priority creditor's name and mailing address CHILDS, HARRY 1226 EAST SYDNEY ST PHILADELPHIA, PA 19150 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$332.52 \$332.52

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			Total claim	Priority amount
2.252	<div>Priority creditor's name and mailing address</div> <div>CHINCHILLA, ISSELA 351 CHAPEL AVE ALLENTOWN, PA 18103</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: EMPLOYEE WAGES, SALARIES</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$505.52	\$505.52
2.253	<div>Priority creditor's name and mailing address</div> <div>CHINCHILLA, ISSELA 351 CHAPEL AVE ALLENTOWN, PA 18103</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: OUTSTANDING PAYROLL CHECKS</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$231.10	\$231.10
2.254	<div>Priority creditor's name and mailing address</div> <div>CHUNG, CHLOE 18 LACOSTA DRIVE EGG HARBOR TOWNSHIP, NJ 8234</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: EMPLOYEE WAGES, SALARIES</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$0.00	\$0.00
2.255	<div>Priority creditor's name and mailing address</div> <div>CHUNG, CHLOE 18 LACOSTA DRIVE EGG HARBOR TOWNSHIP, NJ 08234</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: OUTSTANDING PAYROLL CHECKS</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$27.47	\$27.47

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			Total claim	Priority amount
2.256	Priority creditor's name and mailing address CHUNG, MEI 394 MCDONALD AVE APT 1F BROOKLYN, NY 11218	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,038.84	\$1,038.84
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.257	Priority creditor's name and mailing address CHUNG, MEI 394 MCDONALD AVE APT 1F BROOKLYN, NY 11218	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$242.52	\$242.52
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.258	Priority creditor's name and mailing address CLANCY, MARY 102 CLAYBROOK RD DOVER, MA 2030	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,461.54	\$12,475.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.259	Priority creditor's name and mailing address CLARK, LARRY 969 PROSPECT AVE PLAINFIELD, NJ 7060	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,211.48	\$6,211.48
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.264	Priority creditor's name and mailing address COBY, TIFFANIE 127 EAST RD BELFORD, NJ 07718 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.54 \$137.54
2.265	Priority creditor's name and mailing address COBY, TIFFANIE 127 EAST RD BELFORD, NJ 07718 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.13 \$160.13
2.266	Priority creditor's name and mailing address COHEN, SARAH 14 E HOLLY AVE PITMAN, NJ 8071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.62 \$350.62
2.267	Priority creditor's name and mailing address COHEN, SARAH 14 E HOLLY AVE PITMAN, NJ 08071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.85 \$156.85

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		Total claim	Priority amount
2.272	Priority creditor's name and mailing address COLEMAN, TRACY 39-06 TAYLOR RD FAIR LAWN, NJ 7410 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,645.00 \$1,645.00
2.273	Priority creditor's name and mailing address COLES-WOODS, MARLENE 430 WEST BROWNING RD H3 BELLMWAR, NJ 8031 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.34 \$540.34
2.274	Priority creditor's name and mailing address COLES-WOODS, MARLENE 430 WEST BROWNING RD H3 BELLMWAR, NJ 08031 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.17 \$96.17
2.275	Priority creditor's name and mailing address COLLAZO, MARISOL 254 PATERSON AVE 2ND FL LITTLE FALLS, NJ 7424 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00 \$2,800.00

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			Total claim	Priority amount
2.276	Priority creditor's name and mailing address COLLAZO, MARISOL 254 PATERSON AVE 2ND FL LITTLE FALLS, NJ 07424	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$704.20	\$704.20
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.277	Priority creditor's name and mailing address COLON, LYDIA 4122 N 6TH ST PHILADELPHIA, PA 19140	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$282.23	\$282.23
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.278	Priority creditor's name and mailing address COLON, LYDIA 4122 N 6TH ST PHILADELPHIA, PA 19140	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$147.48	\$147.48
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.279	Priority creditor's name and mailing address COMMONWEALTH OF PENNSYLVANIA P.O. BOX 2890 HARRISBURG, PA 17105	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,076.89	\$6,076.89
	Date or dates debt was incurred	Basis for the claim: SALES TAX		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

Total claim	Priority amount
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			Total claim	Priority amount
2.292	Priority creditor's name and mailing address CRUZ, CHELSEA 25 BLOOMFIELD AVE APT 2 PATERSON, NJ 7503	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$444.73	\$444.73
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.293	Priority creditor's name and mailing address CRUZ, CHELSEA 25 BLOOMFIELD AVE APT 2 PATERSON, NJ 07503	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$106.74	\$106.74
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.294	Priority creditor's name and mailing address CRUZ, RYAN 321 W CLINTON STREET HALEDON, NJ 7508	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$360.09	\$360.09
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.295	Priority creditor's name and mailing address CRUZ, RYAN 321 W CLINTON STREET HALEDON, NJ 07508	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$592.90	\$592.90
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.296	Priority creditor's name and mailing address CUBELO, EMILY 50 HEATHCOTE AVENUE EDISON, NJ 8817 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.41 \$163.41
2.297	Priority creditor's name and mailing address CUBELO, EMILY 50 HEATHCOTE AVENUE EDISON, NJ 08817 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.44 \$163.44
2.298	Priority creditor's name and mailing address CUELLAR, EDGAR 81 BELLAIR PLACE NEWARK, NJ 7104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,423.07 \$2,423.07
2.299	Priority creditor's name and mailing address CUELLAR, EDGAR 81 BELLAIR PLACE NEWARK, NJ 07104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$991.16 \$991.16

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		Total claim	Priority amount
2.300	Priority creditor's name and mailing address CURIEL, ISABEL 1341 BRIGHTON ST PHILADELPHIA, PA 19111 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.38 \$408.38
2.301	Priority creditor's name and mailing address CURIEL, ISABEL 1341 BRIGHTON ST PHILADELPHIA, PA 19111 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.37 \$197.37
2.302	Priority creditor's name and mailing address CURTIS, KELLINA 4602 BIRCHWOOD COURT NORTH BRUNSWICK, NJ 8902 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.86 \$453.86
2.303	Priority creditor's name and mailing address CURTIS, KELLINA 4602 BIRCHWOOD COURT NORTH BRUNSWICK, NJ 08902 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.91 \$191.91

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		Total claim	Priority amount
2.312	Priority creditor's name and mailing address DAUBERT, OLENE 1233 VALLEY FORGE DR WALNUT PORT, PA 18088 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.313	Priority creditor's name and mailing address DAVIS, AJEE 2193 HARBOUR DRIVE PALMYRA, NJ 8109 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.314	Priority creditor's name and mailing address DAVIS, ANITA 1941 S. BEECHWOOD ST. PHILADELPHIA, PA 19145 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.315	Priority creditor's name and mailing address DAVIS, ANITA 1941 S. BEECHWOOD ST. PHILADELPHIA, PA 19145 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.328	Priority creditor's name and mailing address DESIR, FRANCESCA 39 FOUNTAIN PLACE APT 3B NEW ROCHELLE, NY 10801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,232.39 \$1,232.39
2.329	Priority creditor's name and mailing address DESIR, FRANCESCA 39 FOUNTAIN PLACE APT 3B NEW ROCHELLE, NY 10801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.77 \$87.77
2.330	Priority creditor's name and mailing address DESTEFANO, CLARA 86 ROSEWOOD DRIVE TOMS RIVER, NJ 8753 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,187.12 \$1,187.12
2.331	Priority creditor's name and mailing address DEVONE, CAITLIN 12 MORRISON PL ERIAL, NJ 8081 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.21 \$83.21

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		Total claim	Priority amount
2.332	Priority creditor's name and mailing address DEVONE, CAITLIN 12 MORRISON PL ERIAL, NJ 08081 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.21 \$118.21
2.333	Priority creditor's name and mailing address DEVONE, CAITLIN 12 MORRISON PL ERIAL, NJ 08081 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.77 \$182.77
2.334	Priority creditor's name and mailing address DEVONE, CAITLIN 12 MORRISON PL ERIAL, NJ 08081 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$657.06 \$657.06
2.335	Priority creditor's name and mailing address DEZA CHAVEZ, ROMINA 342 DELAWANNA AVENUE 2ND FLOOR CLIFTON, NJ 7014 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$462.23 \$462.23

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			Total claim	Priority amount
2.340	Priority creditor's name and mailing address DIBARTOLOMEO, ALISSA 2629 SOUTH ALDER ST PHILADELPHIA, PA 19148 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,348.56	\$1,348.56
2.341	Priority creditor's name and mailing address DIBARTOLOMEO, ALISSA 2629 SOUTH ALDER ST PHILADELPHIA, PA 19148 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$389.63	\$389.63
2.342	Priority creditor's name and mailing address DIDONATO, CATHERINE 2311 HAMILTON DR VOORHEES, NJ 8043 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00	\$4,200.00
2.343	Priority creditor's name and mailing address DIDONATO, CATHERINE 2311 HAMILTON DR VOORHEES, NJ 08043 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.84	\$234.84

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			Total claim	Priority amount
2.352	Priority creditor's name and mailing address DONAZAL, EMILY 27 KENNETH AVENUE OLD BRIDGE, NJ 08857	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$224.68	\$224.68
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.353	Priority creditor's name and mailing address DONOVAN, CAITLIN 114 RIVERVIEW AVE APT C NEPTUNE CITY, NJ 7753	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$35.03	\$35.03
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.354	Priority creditor's name and mailing address DONOVAN, CAITLIN 114 RIVERVIEW AVE APT C NEPTUNE CITY, NJ 07753	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$651.54	\$651.54
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.355	Priority creditor's name and mailing address DORAN, ROBERT 1440 LEVICK STREET PHILADELPHIA, PA 19149	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$391.73	\$391.73
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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			Total claim	Priority amount
2.356	Priority creditor's name and mailing address DORAN, ROBERT 1440 LEVICK STREET PHILADELPHIA, PA 19149	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$410.67	\$410.67
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.357	Priority creditor's name and mailing address DORVIL, GRISMELDY 384 E 27TH ST APT 2 PATERSON, NJ 7514	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$557.47	\$557.47
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.358	Priority creditor's name and mailing address DORVIL, GRISMELDY 384 E 27TH ST APT 2 PATERSON, NJ 07514	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$97.26	\$97.26
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.359	Priority creditor's name and mailing address DOWNING, MEGAN 145 RIDGE AVENUE BELFORD, NJ 7718	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,100.00	\$2,100.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.360	Priority creditor's name and mailing address DOWNING, MEGAN 145 RIDGE AVENUE BELFORD, NJ 07718 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$499.22 \$499.22
2.361	Priority creditor's name and mailing address DRAKE, CRYSTAL 63 DRAKE RD MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.362	Priority creditor's name and mailing address DRAKE, CRYSTAL 63 DRAKE RD MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.50 \$2.50
2.363	Priority creditor's name and mailing address DRITSAS, ANNA 457 CECILIA AVE CLIFFSIDE PARK, NJ 7010 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,040.00 \$1,040.00

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		Total claim	Priority amount
2.364	Priority creditor's name and mailing address DRURY, JESSICA 2110 BOSTON AVE BRIDGEPORT, CT 6516 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.32 \$134.32
2.365	Priority creditor's name and mailing address DRURY, JESSICA 30 HAWTHORNE RD NEW HAVEN, CT 06513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.29 \$195.29
2.366	Priority creditor's name and mailing address DUBLIN, LATEEK 179-39 143 RD JAMAICA, NY 11434 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.97 \$435.97
2.367	Priority creditor's name and mailing address DUBLIN, LATEEK 179-39 143 RD JAMAICA, NY 11434 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194.08 \$194.08

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		Total claim	Priority amount
2.372	Priority creditor's name and mailing address DUKES, TONETTE 1929 PENFIELD STREET PHILADELPHIA, PA 19138 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.373	Priority creditor's name and mailing address DUNHAM, MAALIKA 360 BERWICK ST ORANGE, NJ 7050 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.11 \$34.11
2.374	Priority creditor's name and mailing address DUNHAM, MAALIKA 360 BERWICK ST ORANGE, NJ 07050 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.54 \$140.54
2.375	Priority creditor's name and mailing address DUQUE, LILIANA 799 TOTOWA ROAD TOTOWA, NJ 7512 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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			Total claim	Priority amount
2.376	Priority creditor's name and mailing address DURKIN, BRIANNA 833 LAWRENCE AVE TOMS RIVER, NJ 8757 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.72	\$529.72
2.377	Priority creditor's name and mailing address DURKIN, BRIANNA 833 LAWRENCE AVE TOMS RIVER, NJ 08757 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.24	\$138.24
2.378	Priority creditor's name and mailing address DURKIN, BRIANNA 833 LAWRENCE AVE TOMS RIVER, NJ 08757 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.14	\$136.14
2.379	Priority creditor's name and mailing address DURST, CARL 210 TEAL ROAD BRICK, NJ 8723 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,923.08	\$5,923.08

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		Total claim	Priority amount
2.380	Priority creditor's name and mailing address DZIKOWSKI, SAMANTHA 4561 E STILES STREET PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.381	Priority creditor's name and mailing address EASLEY, LEXIS 941 CARVER ST PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.81 \$113.81
2.382	Priority creditor's name and mailing address EASLEY, LEXIS 941 CARVER ST PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.79 \$3.79
2.383	Priority creditor's name and mailing address EASTLAKE, CARL 725 7TH ST CARLSTADT, NJ 7072 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,730.78 \$1,730.78

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		Total claim	Priority amount
2.408	Priority creditor's name and mailing address ESPINAL, GABRIELA 376 KEAP ST BROOKLYN, NY 11211 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.52 \$269.52
2.409	Priority creditor's name and mailing address ESPINOSA, JUDITH 4 SICKLE ST DOVER, NJ 7801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.95 \$378.95
2.410	Priority creditor's name and mailing address ESPINOSA, JUDITH 4 SICKLE ST DOVER, NJ 07801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357.50 \$357.50
2.411	Priority creditor's name and mailing address FAIR, ANGELICA 82 MANHATTAN AVENUE ROOSEVELT, NY 11575 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.65 \$70.65

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		Total claim	Priority amount
2.416	Priority creditor's name and mailing address FARLEY, AVA 204 A 5TH AVE NEPTUNE CITY, NJ 07753 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.90 \$112.90
2.417	Priority creditor's name and mailing address FARRAR, COURTNEY 561 BIRCH HOLLOW DRIVE SHIRLEY, NY 11967 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.58 \$727.58
2.418	Priority creditor's name and mailing address FARRAR, COURTNEY 561 BIRCH HOLLOW DRIVE SHIRLEY, NY 11967 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.08 \$103.08
2.419	Priority creditor's name and mailing address FARRAR, DEBORAH 21 NORTH YORK STREET PATERSON, NJ 7514 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.18 \$1,100.18

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		Total claim	Priority amount
2.424	Priority creditor's name and mailing address FAUTH, SUSAN 111 CHARLESON RD BRICK, NJ 08724 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.86 \$120.86
2.425	Priority creditor's name and mailing address FELDER, DIJON 5111 OXFORD AVENUE PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.426	Priority creditor's name and mailing address FELIX, IROSE 93 GRACE ST. IRVINGTON, NJ 7111 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.427	Priority creditor's name and mailing address FELS, KEANA 65 MONROE AVE ROOSEVELT, NY 11575 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.30 \$141.30

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		Total claim	Priority amount
2.428	Priority creditor's name and mailing address FELS, KEANA 65 MONROE AVE ROOSEVELT, NY 11575 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.55 \$34.55
2.429	Priority creditor's name and mailing address FELTON, JODIE 68 CUMBERLAND WALK APT. 9D BROOKLYN, NY 11205 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$785.68 \$785.68
2.430	Priority creditor's name and mailing address FELTON, JODIE 68 CUMBERLAND WALK APT. 9D BROOKLYN, NY 11205 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.71 \$51.71
2.431	Priority creditor's name and mailing address FEREBEE, DESIREE 37 E ACADEMY ST CLAYTON, NJ 8312 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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		Total claim	Priority amount
2.436	Priority creditor's name and mailing address FERGUSON, ERIC 3233 N ETING ST PHILADELPHIA, PA 19129 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$643.14 \$643.14
2.437	Priority creditor's name and mailing address FERGUSON, ERIC 3233 N ETING ST PHILADELPHIA, PA 19129 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.18 \$88.18
2.438	Priority creditor's name and mailing address FERNANDEZ, ALONDRA 984 E 26TH ST PATERSON, NJ 7513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.26 \$107.26
2.439	Priority creditor's name and mailing address FERNANDEZ, ALONDRA 984 E 26TH ST PATERSON, NJ 07513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.37 \$140.37

Total claim	Priority amount
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Total claim	Priority amount
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			Total claim	Priority amount
2.468	Priority creditor's name and mailing address FUENTES, DEISI 6 OAKDALE AVENUE CENTRSL ISLIP, NY 11722 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.38	\$178.38
2.469	Priority creditor's name and mailing address FUENTES, DEISI 6 OAKDALE AVENUE CENTRSL ISLIP, NY 11722 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$207.68	\$207.68
2.470	Priority creditor's name and mailing address GABEL, KIMBERLY 349 JACKSON RD MANTUA, NJ 8051 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627.46	\$627.46
2.471	Priority creditor's name and mailing address GABEL, KIMBERLY 349 JACKSON RD MANTUA, NJ 08051 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213.95	\$213.95

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		Total claim	Priority amount
2.472	Priority creditor's name and mailing address GAFFNEY, TEKERA 32 ERNA DR CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$471.99 \$471.99
2.473	Priority creditor's name and mailing address GAFFNEY, TEKERA 32 ERNA DR CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.35 \$131.35
2.474	Priority creditor's name and mailing address GAINES, GABRIELLE 17 WEST PROSPECT NEW HAVEN, CT 6515 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$690.73 \$690.73
2.475	Priority creditor's name and mailing address GAINES, GABRIELLE 17 WEST PROSPECT NEW HAVEN, CT 06515 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.86 \$90.86

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		Total claim	Priority amount
2.476	Priority creditor's name and mailing address GAINES, GABRIELLE 17 WEST PROSPECT NEW HAVEN, CT 06515 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.57 \$176.57
2.477	Priority creditor's name and mailing address GAITHER, CHRISTINA 2427 HUNTINGDON ST PHILADELPHIA, PA 19125 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,437.84 \$1,437.84
2.478	Priority creditor's name and mailing address GAITHER, CHRISTINA 2427 HUNTINGDON ST PHILADELPHIA, PA 19125 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.84 \$518.84
2.479	Priority creditor's name and mailing address GAJEWSKI, ARLENE 120 IRVING STREET JERSEY CITY, NJ 7307 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,625.00 \$4,625.00

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			Total claim	Priority amount
2.480	Priority creditor's name and mailing address GAJILAN, ZENAIDA 204 FAIRVIEW AVE JERSEY CITY, NJ 7304	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,785.24	\$1,785.24
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.481	Priority creditor's name and mailing address GAJILAN, ZENAIDA 204 FAIRVIEW AVE JERSEY CITY, NJ 07304	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$443.97	\$443.97
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.482	Priority creditor's name and mailing address GALLOWAY, KEELEI 251 BOYER AVE WEST BERLIN, NJ 8091	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$119.58	\$119.58
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.483	Priority creditor's name and mailing address GALLOWAY, KEELEI 251 BOYER AVE WEST BERLIN, NJ 08091	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$106.98	\$106.98
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

Total claim	Priority amount
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		Total claim	Priority amount
2.488	Priority creditor's name and mailing address GAROFALO, JOSEPH 68 15TH STREET WEST BABYLON, NY 11704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,184.59 \$3,184.59
2.489	Priority creditor's name and mailing address GAROFALO, JOSEPH 68 15TH STREET WEST BABYLON, NY 11704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$917.73 \$917.73
2.490	Priority creditor's name and mailing address GAVILLAN, TANIA 39 LINDEN AVE MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.491	Priority creditor's name and mailing address GAYLE, JULIETTE 905 TROY AVENUE BROOKLYN, NY 11203 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,461.56 \$3,461.56

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		Total claim	Priority amount
2.492	Priority creditor's name and mailing address GAYLE, JULIETTE 905 TROY AVENUE BROOKLYN, NY 11203 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.15 \$84.15
2.493	Priority creditor's name and mailing address GAYNOR, DONNA 40 LORING AVE. EDISON, NJ 8817 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00 \$3,600.00
2.494	Priority creditor's name and mailing address GAYNOR, DONNA 40 LORING AVE. EDISON, NJ 08817 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$396.84 \$396.84
2.495	Priority creditor's name and mailing address GAYRON CHAVEZ, TZITLALY 126 CAMINO ROBLE TOMS RIVER, NJ 08755 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.44 \$193.44

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		Total claim	Priority amount
2.496	Priority creditor's name and mailing address GAYTAN CHAVEZ, TZITLALY 126 CAMINO ROBLE TOMS RIVER, NJ 8755 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.72 \$99.72
2.497	Priority creditor's name and mailing address GEAMES, NINA 24 FLOYD ST DEER PARK, NY 11729 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$741.63 \$741.63
2.498	Priority creditor's name and mailing address GEAMES, NINA 24 FLOYD ST DEER PARK, NY 11729 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$252.77 \$252.77
2.499	Priority creditor's name and mailing address GERACE, SANTOLA 151 WEST 18TH ST BAYONNE, NJ 7002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$549.05 \$549.05

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		Total claim	Priority amount
2.504	Priority creditor's name and mailing address GEWIRTZ SEGAL, JOYCE 4 HORIZON ROAD FT. LEE, NJ 7024 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.58 \$460.58
2.505	Priority creditor's name and mailing address GEWIRTZ SEGAL, JOYCE 4 HORIZON ROAD FT. LEE, NJ 07024 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.61 \$5.61
2.506	Priority creditor's name and mailing address GEWIRTZ SEGAL, JOYCE 4 HORIZON ROAD FT. LEE, NJ 07024 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.33 \$65.33
2.507	Priority creditor's name and mailing address GEWIRTZ, HERMINE 150 E 69TH ST APT 28H NEW YORK, NY 10021 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421.88 \$421.88

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		Total claim	Priority amount
2.508	Priority creditor's name and mailing address GIFT CARDS Date or dates debt was incurred 12/31/2015 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GIFT CARDS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$479,640.86 \$479,640.86
2.509	Priority creditor's name and mailing address GINES CLASS, STEPHANIE 104 COVENTRY LN SOMERSET, NJ 08873 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.41 \$581.41
2.510	Priority creditor's name and mailing address GOCK, VICTORIA 25 SOUTH FRANKLIN AVE BERLIN, NJ 08009 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.66 \$121.66
2.511	Priority creditor's name and mailing address GOCK, VICTORIA 25 SOUTH FRANKLIN AVE BERLIN, NJ 08009 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.36 \$77.36

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			Total claim	Priority amount
2.512	Priority creditor's name and mailing address GOLDEN, EILEEN 2528 E. NORRIS ST PHILADELPHIA, PA 19125 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00	\$3,600.00
2.513	Priority creditor's name and mailing address GOLDEN, EILEEN 2528 E. NORRIS ST PHILADELPHIA, PA 19125 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.13	\$30.13
2.514	Priority creditor's name and mailing address GOLDEN, EILEEN 2528 E. NORRIS ST PHILADELPHIA, PA 19125 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194.56	\$194.56
2.515	Priority creditor's name and mailing address GOLDEN, EILEEN 2528 E. NORRIS ST PHILADELPHIA, PA 19125 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.64	\$168.64

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		Total claim	Priority amount
2.516	Priority creditor's name and mailing address GONZALEZ, ALEXANDRA 532 NORTH AVE APT #3 DUNELLEN, NJ 8812 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.02 \$120.02
2.517	Priority creditor's name and mailing address GONZALEZ, ALEXANDRA 532 NORTH AVE APT #3 DUNELLEN, NJ 08812 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.91 \$129.91
2.518	Priority creditor's name and mailing address GONZALEZ, DIANA 1683 GATES AVENUE APT. 2L RIDGEWOOD, NY 11385 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.08 \$145.08
2.519	Priority creditor's name and mailing address GONZALEZ, DIANA 1683 GATES AVENUE APT. 2L RIDGEWOOD, NY 11385 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$617.41 \$617.41

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			Total claim	Priority amount
2.520	Priority creditor's name and mailing address GONZALEZ, IVELIS 5 W HOFFMAN AVE CHERRY HILL, NJ 8002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$917.20	\$917.20
2.521	Priority creditor's name and mailing address GONZALEZ, IVELIS 5 W HOFFMAN AVE CHERRY HILL, NJ 08002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.79	\$131.79
2.522	Priority creditor's name and mailing address GONZALEZ, KRYSTAL 1719 BERGEN ST PHILADELPHIA, PA 19152 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$661.23	\$661.23
2.523	Priority creditor's name and mailing address GONZALEZ, KRYSTAL 1719 BERGEN ST PHILADELPHIA, PA 19152 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.53	\$156.53

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		Total claim	Priority amount
2.532	Priority creditor's name and mailing address GOULD, RONDELL 1101 YELLOWWOOD TERRACE MILLVILLE, NJ 9332 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.43 \$92.43
2.533	Priority creditor's name and mailing address GOULD, RONDELL 1101 YELLOWWOOD TERRACE MILLVILLE, NJ 09332 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.14 \$176.14
2.534	Priority creditor's name and mailing address GOVIN, GEORGE 584 OAK AVENUE SADDLE BROOK, NJ 7663 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,769.24 \$5,769.24
2.535	Priority creditor's name and mailing address GRAHAM, AQUASIA 180 S DENNIS DR CLAYTON, NJ 8012 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.54 \$51.54

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		Total claim	Priority amount
2.540	Priority creditor's name and mailing address GRANT, STEPHANIE 233 SHERMAN ST APT# 1 PASSAIC, NJ 7055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$482.26 \$482.26
2.541	Priority creditor's name and mailing address GRANT, STEPHANIE 233 SHERMAN ST APT# 1 PASSAIC, NJ 07055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.58 \$157.58
2.542	Priority creditor's name and mailing address GRATZEL, JOSIE 27 WIGWAM PATH MANASQUAN, NJ 8736 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$489.64 \$489.64
2.543	Priority creditor's name and mailing address GRATZEL, JOSIE 27 WIGWAM PATH MANASQUAN, NJ 08736 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.85 \$16.85

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			Total claim	Priority amount
2.544	Priority creditor's name and mailing address GREENE, SHENISE 230 EAST GRAND AVE RAHWAY, NJ 07065 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.06	\$215.06
2.545	Priority creditor's name and mailing address GREFFIN PIERRE LOUIS, MARLY 14 VERMEER DRIVE APT# 9 SOUTH AMBOY, NJ 8879 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$562.68	\$562.68
2.546	Priority creditor's name and mailing address GREY, SHAWNEE LYNN 744 E PARK AVE LONG BEACH, NY 11561 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$708.00	\$708.00
2.547	Priority creditor's name and mailing address GREY, SHAWNEE LYNN 744 E PARK AVE LONG BEACH, NY 11561 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.80	\$84.80

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			Total claim	Priority amount
2.548	Priority creditor's name and mailing address GRULLON, ASHLEY 542 SEAMAN AVE BALDWIN, NY 11510 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.48	\$351.48
2.549	Priority creditor's name and mailing address GRULLON, ASHLEY 542 SEAMAN AVE BALDWIN, NY 11510 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.80	\$101.80
2.550	Priority creditor's name and mailing address GUADAGNINO, JOANN 58-05 81ST ST MIDDLE VILLAGE, NY 11379 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$703.80	\$703.80
2.551	Priority creditor's name and mailing address GUADAGNINO, JOANN 58-05 81ST ST MIDDLE VILLAGE, NY 11379 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.72	\$217.72

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			Total claim	Priority amount
2.552	Priority creditor's name and mailing address GUADAGNINO, JOANN 58-05 81ST ST MIDDLE VILLAGE, NY 11379	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$257.46	\$257.46
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.553	Priority creditor's name and mailing address GUAMAN CHANGOBALIN, LISSETTE 415 DARROW AVE APT# 1 PLAINFIELD, NJ 7060	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$339.51	\$339.51
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.554	Priority creditor's name and mailing address GUAMAN CHANGOBALIN, LISSETTE 415 DARROW AVE APT# 1 PLAINFIELD, NJ 07060	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$106.87	\$106.87
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.555	Priority creditor's name and mailing address GUERRA, MAYRA 124-67TH ST APT# 1 WEST NEW YORK, NJ 7093	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$631.41	\$631.41
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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			Total claim	Priority amount
2.560	Priority creditor's name and mailing address GUIDOS, ANABELLA 29 GREENE AVE APT 7-S BROOKLYN, NY 11238 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446.79	\$446.79
2.561	Priority creditor's name and mailing address GUIDOS, ANABELLA 29 GREENE AVE BROOKLYN, NY 11238 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.14	\$200.14
2.562	Priority creditor's name and mailing address GUPTA, SWATI 140-07 32ND AVE FLUSHING, NY 11354 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.32	\$157.32
2.563	Priority creditor's name and mailing address GUPTA, SWATI 140-07 32ND AVE FLUSHING, NY 11354 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.84	\$133.84

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		Total claim	Priority amount
2.564	Priority creditor's name and mailing address GUTIERREZ, DIANA 57 GARRISON AVE DOVER, NJ 7801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.18 \$122.18
2.565	Priority creditor's name and mailing address GUTIERREZ, DIANA 57 GARRISON AVE DOVER, NJ 07801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.67 \$100.67
2.566	Priority creditor's name and mailing address GUZMAN, MILAGRO 41-43 62ND ST APT 5 WEST NEW YORK, NJ 7093 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.18 \$302.18
2.567	Priority creditor's name and mailing address GUZMAN, MILAGRO 41-43 62ND ST APT 5 WEST NEW YORK, NJ 07093 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.53 \$199.53

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			Total claim	Priority amount
2.568	Priority creditor's name and mailing address GUZMAN, THELMA 36 SHERMAN PLACE APT 303 JERSEY CITY, NJ 7307 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,184.80	\$1,184.80
2.569	Priority creditor's name and mailing address HADLEY, CHRISTINA 500 ELLENDALE RYE BROOK, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194.34	\$194.34
2.570	Priority creditor's name and mailing address HAHN, COURTNEY 576 BUCKINGHAM DRIVE NORTHAMPTON, PA 18067 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.571	Priority creditor's name and mailing address HALL, CRYSTAL 45 NELSON TERRACE BRIDGEPORT, CT 6610 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,336.20	\$1,336.20

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			Total claim	Priority amount
2.580	Priority creditor's name and mailing address HARVAT, KAPRICE 310 REDMOND STREET NEW BRUNSWICK, NJ 8901 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$508.02	\$508.02
2.581	Priority creditor's name and mailing address HARVAT, KAPRICE 310 REDMOND STREET NEW BRUNSWICK, NJ 08901 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.59	\$138.59
2.582	Priority creditor's name and mailing address HARVAT, KAPRICE 310 REDMOND STREET NEW BRUNSWICK, NJ 08901 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.47	\$187.47
2.583	Priority creditor's name and mailing address HAWKINS, TYMESHA 2880 HULL RD APT J6 CAMDEN, NJ 8104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$574.00	\$574.00

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.584	Priority creditor's name and mailing address HAWKINS, TYMESHA 2880 HULL RD APT J6 CAMDEN, NJ 08104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.43 \$235.43
2.585	Priority creditor's name and mailing address HAYES, ALEASHA 3400 NORTH 17TH STREET PHILA DELPHIA, PA 19140 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$136.13 \$136.13
2.586	Priority creditor's name and mailing address HAYNES, TARYN 257 SOUTH 10TH AVE APT A MOUNT VERNON, NY 10550 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.92 \$222.92
2.587	Priority creditor's name and mailing address HAYNES, TARYN 257 SOUTH 10TH AVE APT A MOUNT VERNON, NY 10550 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.82 \$173.82

Total claim	Priority amount
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Total claim	Priority amount
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			Total claim	Priority amount
2.600	Priority creditor's name and mailing address HENRIQUEZ, CELINA 28 QUAIL RIDGE CLEMENTON, NJ 8021	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES	\$64.53	\$64.53
	Date or dates debt was incurred			
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.601	Priority creditor's name and mailing address HENRIQUEZ, CELINA 28 QUAIL RIDGE CLEMENTON, NJ 08021	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS	\$143.30	\$143.30
	Date or dates debt was incurred			
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.602	Priority creditor's name and mailing address HENRY, KEIRA 211 ADMIRAL LANE UNIT #2211B BRONX, NY 10478	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES	\$128.25	\$128.25
	Date or dates debt was incurred			
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.603	Priority creditor's name and mailing address HENRY, KEIRA 211 ADMIRAL LANE UNIT #2211B BRONX, NY 10478	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS	\$107.52	\$107.52
	Date or dates debt was incurred			
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.608	Priority creditor's name and mailing address HERNANDEZ, KENYA 26 GARDEN ST FARMINGDALE, NY 11735 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.87 \$105.87
2.609	Priority creditor's name and mailing address HERNANDEZ, NELY 24 HAMLIN AVE WEST BABYLON, NY 11704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.70 \$47.70
2.610	Priority creditor's name and mailing address HERNANDEZ, NELY 24 HAMLIN AVE WEST BABYLON, NY 11704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.58 \$91.58
2.611	Priority creditor's name and mailing address HERNANDEZ, NELY 24 HAMLIN AVE WEST BABYLON, NY 11704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.98 \$138.98

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		Total claim	Priority amount
2.616	Priority creditor's name and mailing address HERRERA, SHAKIRA 11 FLEETWOOD RD WOODBIDGE, NJ 7095 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648.01 \$648.01
2.617	Priority creditor's name and mailing address HERRERA, SHAKIRA 11 FLEETWOOD RD WOODBIDGE, NJ 07095 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.73 \$356.73
2.618	Priority creditor's name and mailing address HERTZBERG, AARON 10 FOX LANE COMMACK, NY 11725 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.38 \$88.38
2.619	Priority creditor's name and mailing address HERTZBERG, AARON 10 FOX LANE COMMACK, NY 11725 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.07 \$59.07

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			Total claim	Priority amount
2.620	Priority creditor's name and mailing address HERTZBERG, AARON 10 FOX LANE COMMACK, NY 11725	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$53.41	\$53.41
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.621	Priority creditor's name and mailing address HILLER, LAURA 833 B MAIN ST BELLEVILLE, NJ 7109	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$504.00	\$504.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.622	Priority creditor's name and mailing address HILLER, LAURA 833 B MAIN ST BELLEVILLE, NJ 07109	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$157.27	\$157.27
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.623	Priority creditor's name and mailing address HILLER, LAURA 833 B MAIN ST BELLEVILLE, NJ 07109	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$100.28	\$100.28
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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			Total claim	Priority amount
2.628	Priority creditor's name and mailing address HOLLOWAY, KHADIJAH 1435 HOPELAND RD WYNCOTE, PA 19095 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$466.87	\$466.87
2.629	Priority creditor's name and mailing address HOLLOWAY, KHADIJAH 1435 HOPELAND RD WYNCOTE, PA 19095 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.13	\$157.13
2.630	Priority creditor's name and mailing address HOLMES, SIARA 156 A RUTGERS RD PISCATAWAY, NJ 08854 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.32	\$124.32
2.631	Priority creditor's name and mailing address HOPKINS, LAURA 1088 LOCKSLEY COURT WOODBURY, NJ 8096 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,640.00	\$2,640.00

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		Total claim	Priority amount
2.648	Priority creditor's name and mailing address HUTCHERSON, KIESHA 1219 MILLER AVE NEW HYDE PARK, NY 11040 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.649	Priority creditor's name and mailing address IRVING, AKILAH 251 TEMPLE ST APT 1 PATERSON, NJ 7522 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$511.46 \$511.46
2.650	Priority creditor's name and mailing address IRVING, AKILAH 251 TEMPLE ST APT 1 PATERSON, NJ 07522 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.63 \$124.63
2.651	Priority creditor's name and mailing address JACKSON, EBONY 120 GARDENIA DRIVE APT B MAPLE SHADE, NJ 8052 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.61 \$79.61

Total claim	Priority amount
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			Total claim	Priority amount
2.660	Priority creditor's name and mailing address JANDOLA, JAYNE 345B CANTERBURY CT LAKEWOOD, NJ 8701	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,701.93	\$1,701.93
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.661	Priority creditor's name and mailing address JANDOLA, JAYNE 345B CANTERBURY CT LAKEWOOD, NJ 08701	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$154.87	\$154.87
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.662	Priority creditor's name and mailing address JAQUEZ, WILLY 250 LENOX AVE PATERSON, NJ 7502	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.663	Priority creditor's name and mailing address JEAN-BAPTISTE, RENAUD 1435 FLATBUSH AVE APT 1 BROOKLYN, NY 11210	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$528.64	\$528.64
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

Total claim	Priority amount
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Total claim	Priority amount
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		Total claim	Priority amount
2.676	Priority creditor's name and mailing address JOHNSON, EBONY 4323 CARPENTER AVE BRONX, NY 10466 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.13 \$493.13
2.677	Priority creditor's name and mailing address JOHNSON, EBONY 4323 CARPENTER AVE BRONX, NY 10466 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.66 \$80.66
2.678	Priority creditor's name and mailing address JOHNSON, GENEVIEVE 2914 NORTH 24TH STREET PHILADELPHIA, PA 19132 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$383.48 \$383.48
2.679	Priority creditor's name and mailing address JOHNSON, GENEVIEVE 2914 NORTH 24TH STREET PHILADELPHIA, PA 19132 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.67 \$84.67

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			Total claim	Priority amount
2.680	Priority creditor's name and mailing address JOHNSON, LARRY 592 HARDING AVE PERTH AMBOY, NJ 08861 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.20	\$116.20
2.681	Priority creditor's name and mailing address JOHNSON, LARRY 592 HARDING AVE PERTH AMBOY, NJ 08861 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.21	\$100.21
2.682	Priority creditor's name and mailing address JOHNSON, SHANNON 74 B MARION PEPE DRIVE LODI, NJ 7644 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,391.31	\$3,391.31
2.683	Priority creditor's name and mailing address JOHNSON, SHAREEF 711 HARRISON AVE ROSELLE, NJ 7203 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00	\$3,000.00

Total claim	Priority amount
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		Total claim	Priority amount
2.692	Priority creditor's name and mailing address JOSEPH, GEORGE 324 HIGHLAND AVE MT VERNON, NY 10553 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.28 \$120.28
2.693	Priority creditor's name and mailing address JOYA, ALBA 89 WEST YAPHANK CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$557.47 \$557.47
2.694	Priority creditor's name and mailing address JOYA, ALBA 89 WEST YAPHANK CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.57 \$254.57
2.695	Priority creditor's name and mailing address JUSTINVIL, CASSANDRA 7 BYRON PLACE HUNTINGTON STATION, NY 11746 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$853.52 \$853.52

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			Total claim	Priority amount
2.696	Priority creditor's name and mailing address JUSTINVIL, CASSANDRA 7 BYRON PLACE HUNTINGTON STATION, NY 11746	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$971.72	\$971.72
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.697	Priority creditor's name and mailing address KABIR, SAWDA 436 EDMUND AVE APT 2 PATERSON, NJ 7502	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$304.11	\$304.11
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.698	Priority creditor's name and mailing address KABIR, SAWDA 436 EDMUND AVE APT 2 PATERSON, NJ 07502	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$99.10	\$99.10
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.699	Priority creditor's name and mailing address KAESMANN, STEPHANIE 205 BULMER DRIVE STRATFORD, CT 6614	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.708	Priority creditor's name and mailing address KEY, KAYLISA 3947 BENNINGTON ST PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.709	Priority creditor's name and mailing address KEY, KAYLISA 3947 BENNINGTON ST PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.55 \$3.55
2.710	Priority creditor's name and mailing address KING, JENNIFER 1556 OLD EGG HARBOR ROAD MAYS LANDING, NJ 8330 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,317.48 \$1,317.48
2.711	Priority creditor's name and mailing address KING, JENNIFER 1556 OLD EGG HARBOR ROAD MAYS LANDING, NJ 08330 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.22 \$380.22

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		Total claim	Priority amount
2.720	Priority creditor's name and mailing address KOSTICK, CHRISTINE 204 MARSHALL AVENUE BLACKWOOD, NJ 8012 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.20 \$153.20
2.721	Priority creditor's name and mailing address KOSTICK, CHRISTINE 204 MARSHALL AVENUE BLACKWOOD, NJ 08012 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.14 \$395.14
2.722	Priority creditor's name and mailing address KOWALSKI, ALEXA 18 GARFIELD AVE E BRUNSWICK, NJ 8816 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.723	Priority creditor's name and mailing address KOWALSKI, ALEXA 18 GARFIELD AVE E BRUNSWICK, NJ 08816 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.60 \$81.60

Total claim	Priority amount
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			Total claim	Priority amount
2.728	Priority creditor's name and mailing address LA'TTIERE, ROSEMARIE 12 ADULT DRIVE MOONACHIE, NJ 7074	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,925.00	\$2,925.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.729	Priority creditor's name and mailing address LAARENDI, CONNIE 44 LUPUS LANE SEWELL, NJ 8080	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,792.32	\$5,792.32
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.730	Priority creditor's name and mailing address LAARENDI, CONNIE 44 LUPUS LANE SEWELL, NJ 08080	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$481.60	\$481.60
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.731	Priority creditor's name and mailing address LAFONTANT, EUGENE 4715 AVE M BROOKLYN, NY 11234	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$750.92	\$750.92
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.736	Priority creditor's name and mailing address LAMANNA, JAIMIE 62 JAMESTOWN BLVD HAMMONTON, NJ 08037 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.75 \$117.75
2.737	Priority creditor's name and mailing address LAPERSONERIE, DANIELLE 340 SOUTH MAIN ST FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.57 \$33.57
2.738	Priority creditor's name and mailing address LAPERSONERIE, DANIELLE 340 SOUTH MAIN ST FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.97 \$140.97
2.739	Priority creditor's name and mailing address LAPERSONERIE, DANIELLE 340 SOUTH MAIN ST FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.88 \$275.88

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		Total claim	Priority amount
2.740	Priority creditor's name and mailing address LARDIERI, EMILY 793 DOWNEY AVE BRICK, NJ 8723 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.23 \$92.23
2.741	Priority creditor's name and mailing address LARDIERI, EMILY 793 DOWNEY AVE BRICK, NJ 08723 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.67 \$85.67
2.742	Priority creditor's name and mailing address LAROCCA, JENNIE 461 LAKEVILLE LANE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,099.47 \$1,099.47
2.743	Priority creditor's name and mailing address LAROCCA, JENNIE 461 LAKEVILLE LANE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.43 \$184.43

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		Total claim	Priority amount
2.744	Priority creditor's name and mailing address LAROCCA, JENNIE 461 LAKEVILLE LANE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.81 \$220.81
2.745	Priority creditor's name and mailing address LARR, BARBARA 32 WOODCREST LANE DELRAN, NJ 8075 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,884.62 \$2,884.62
2.746	Priority creditor's name and mailing address LARR, BARBARA 32 WOODCREST LANE DELRAN, NJ 08075 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$816.98 \$816.98
2.747	Priority creditor's name and mailing address LATORRE CORTES, DANISHA 72 WASHINGTON ST PORT CHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.34 \$475.34

Total claim	Priority amount
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			Total claim	Priority amount
2.752	Priority creditor's name and mailing address LAYAWAYS	As of the petition filing date, the claim is: <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40,408.47	\$40,408.47
	Date or dates debt was incurred	Basis for the claim: LAYAWAYS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.753	Priority creditor's name and mailing address LEBRON, TYESHA 150-25 107TH AVE APT# 2 JAMAICA, NY 11433	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$546.72	\$546.72
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.754	Priority creditor's name and mailing address LEBRON, TYESHA 150-25 107TH AVE APT# 2 JAMAICA, NY 11433	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155.76	\$155.76
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.755	Priority creditor's name and mailing address LEDDICK, STEFANIE 168 FREDRICK CT THOROFARE, NJ 8086	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,479.72	\$1,479.72
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

Total claim	Priority amount
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		Total claim	Priority amount
2.760	Priority creditor's name and mailing address LEFT, PETER 103 KOHOUT DRIVE MAHWAH, NJ 7430 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,230.80 \$12,475.00
2.761	Priority creditor's name and mailing address LEINER, KAITLYN 309 SHERWOOD DRIVE NORTH MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$394.56 \$394.56
2.762	Priority creditor's name and mailing address LEINER, KAITLYN 309 SHERWOOD DRIVE NORTH MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157.09 \$157.09
2.763	Priority creditor's name and mailing address LELAND, MEGAN 4445 LITTLE GAP ROAD PALMERTON, PA 18071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$596.45 \$596.45

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			Total claim	Priority amount
2.768	Priority creditor's name and mailing address LEWARS, DANIELLE 145-82 224TH STREET SPRINGFIELD GARDENS, NY 11413 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.66	\$135.66
2.769	Priority creditor's name and mailing address LEWIS, SAKINA 30 EHBAR AVE MOUNT VERNON, NY 10550 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$610.35	\$610.35
2.770	Priority creditor's name and mailing address LEWIS, SAKINA 30 EHBAR AVE MOUNT VERNON, NY 10550 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.95	\$212.95
2.771	Priority creditor's name and mailing address LIGHTNER, NICOLE 205 SUMMER STREET PASSAIC, NJ 7055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.06	\$86.06

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		Total claim	Priority amount
2.776	Priority creditor's name and mailing address LITTLE, KANIYAH 2318 CROSS ST PHILADELPHIA, PA 19146 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.58 \$81.58
2.777	Priority creditor's name and mailing address LLESHI, JULIANA 39 COLUMBIA AVE PITMAN, NJ 8071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.86 \$173.86
2.778	Priority creditor's name and mailing address LLESHI, JULIANA 39 COLUMBIA AVE PITMAN, NJ 08071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$361.36 \$361.36
2.779	Priority creditor's name and mailing address LOBO, ROLDAN 219 NORTH 4TH STREET APT. #1 PATERSON, NJ 7522 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$961.80 \$961.80

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			Total claim	Priority amount
2.780	Priority creditor's name and mailing address LOCAL 124 R.A.I.S.E 157 SUMMERFIELD STREET SCARSDALE, NY 10583 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNION HEATH CONTRIBUTION, DUES AND INITIATION FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,690.00	\$3,690.00
2.781	Priority creditor's name and mailing address LOCAL 340A 55 NORTHERN BLVD. GREAT NECK, NY 11021 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNION PENSION CONTRIBUTION, DUES AND INITIATION FEES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,596.89	\$8,596.89
2.782	Priority creditor's name and mailing address LOGAN, SHANNON 4 DAYVIEW AVE KEANSBURG, NJ 7734 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.09	\$135.09
2.783	Priority creditor's name and mailing address LOGAN, SHANNON 4 DAYVIEW AVE KEANSBURG, NJ 07734 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.68	\$121.68

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			Total claim	Priority amount
2.784	Priority creditor's name and mailing address LOK, JEFFREY 31 LEONARD ST APT 8M BROOKLYN, NY 11206 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,987.50	\$1,987.50
2.785	Priority creditor's name and mailing address LOK, JEFFREY 31 LEONARD ST APT 8M BROOKLYN, NY 11206 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.70	\$448.70
2.786	Priority creditor's name and mailing address LONDONO, NATALIA 62 WILDWOOD AVE MOUNT VERNON, NY 10550 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.787	Priority creditor's name and mailing address LOPANE, LIYAH-MARIE 88 SENIOR WAY APT C4 MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$505.45	\$505.45

Total claim	Priority amount
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		Total claim	Priority amount
2.796	Priority creditor's name and mailing address LOUIS, JEAN-RIVKA 1120 OLD TOWN RD CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
2.797	Priority creditor's name and mailing address LOUIS, JEAN-RIVKA 1120 OLD TOWN RD CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$595.03
2.798	Priority creditor's name and mailing address LOUIS, JEAN-RIVKA 1120 OLD TOWN RD CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.60
2.799	Priority creditor's name and mailing address LOUISSAINT, MARGARITHA 225 DR MLK JR BLVD APT 5B WHITE PLAINS, NY 10601 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.74

Total claim	Priority amount
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			Total claim	Priority amount
2.828	Priority creditor's name and mailing address MANNESS, DESIREE 126 GREENWICH RD APT 7 RUNNEMEDE, NJ 8078 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.68	\$302.68
2.829	Priority creditor's name and mailing address MANNESS, DESIREE 126 GREENWICH RD APT 7 RUNNEMEDE, NJ 08078 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.52	\$130.52
2.830	Priority creditor's name and mailing address MANNESS, DESIREE 126 GREENWICH RD APT 7 RUNNEMEDE, NJ 08078 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.48	\$198.48
2.831	Priority creditor's name and mailing address MANSON, AMY 16 NORTON STREET FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$592.12	\$592.12

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.832	Priority creditor's name and mailing address MANSON, AMY 16 NORTON STREET FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$229.66 \$229.66
2.833	Priority creditor's name and mailing address MAPP, SHONDA 6737 WOODSTOCK ST PHILADELPHIA, PA 19138 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$464.10 \$464.10
2.834	Priority creditor's name and mailing address MAPP, SHONDA 6737 WOODSTOCK ST PHILADELPHIA, PA 19138 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.50 \$131.50
2.835	Priority creditor's name and mailing address MARIA, GENESIS 478 E 25TH ST PATERSON, NJ 7514 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$517.14 \$517.14

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		Total claim	Priority amount
2.840	Priority creditor's name and mailing address MARQUEZ-PASCO, ELAINE 56 CARLISLE AVE APT 1 PATERSON, NJ 07501 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.89 \$113.89
2.841	Priority creditor's name and mailing address MARRERO, ROSEMARIE 1754 77 ST. APT# 2FR BROOKLYN, NY 11214 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,650.00 \$3,650.00
2.842	Priority creditor's name and mailing address MARRERO, ROSEMARIE 1754 77 ST. APT# 2FR BROOKLYN, NY 11214 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.17 \$132.17
2.843	Priority creditor's name and mailing address MARRERO, TIFFANY 400 FREDERICK AVE SOUTH PLANFIELD, NJ 7080 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$545.93 \$545.93

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			Total claim	Priority amount
2.844	Priority creditor's name and mailing address MARRERO, TIFFANY 400 FREDERICK AVE SOUTH PLANFIELD, NJ 07080 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.01	\$205.01
2.845	Priority creditor's name and mailing address MARTE, GENESIS 96 GLENN DRIVE KEASBEY, NJ 8832 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$361.84	\$361.84
2.846	Priority creditor's name and mailing address MARTE, GENESIS 96 GLENN DRIVE KEASBEY, NJ 08832 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.77	\$116.77
2.847	Priority creditor's name and mailing address MARTE, NILDA 2749 SAUNDERS ST CAMDEN, NJ 8105 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.01	\$151.01

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			Total claim	Priority amount
2.848	Priority creditor's name and mailing address MARTE, NILDA 2749 SAUNDERS ST CAMDEN, NJ 08105 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.48	\$167.48
2.849	Priority creditor's name and mailing address MARTE, NILDA 2749 SAUNDERS ST CAMDEN, NJ 08105 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.58	\$94.58
2.850	Priority creditor's name and mailing address MARTE, NILDA 2749 SAUNDERS ST CAMDEN, NJ 08105 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.47	\$32.47
2.851	Priority creditor's name and mailing address MARTIN, LARAY 2859 N. CONGRESS RD CAMDEN, NJ 8104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$147.61	\$147.61

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.852	Priority creditor's name and mailing address MARTIN, LARAY 2859 N. CONGRESS RD CAMDEN, NJ 08104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.93 \$105.93
2.853	Priority creditor's name and mailing address MARTINEZ MEDRANO, AYLLYN 618 KNICKERBOCKER AVE APT# 2R BROOKLYN, NY 11221 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627.92 \$627.92
2.854	Priority creditor's name and mailing address MARTINEZ MEDRANO, AYLLYN 618 KNICKERBOCKER AVE APT# 2R BROOKLYN, NY 11221 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.93 \$220.93
2.855	Priority creditor's name and mailing address MARTINEZ MEDRANO, AYLLYN 618 KNICKERBOCKER AVE APT# 2R BROOKLYN, NY 11221 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$311.15 \$311.15

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			Total claim	Priority amount
2.860	Priority creditor's name and mailing address MASCH, DEBORAH 442 JEFFERSON ST CARLSTADT, NJ 7072	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,142.28	\$4,142.28
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.861	Priority creditor's name and mailing address MASON, BRADLEY 295 N WYCOMBE AVENUE LANSDOWNE, PA 19050	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,312.08	\$1,312.08
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.862	Priority creditor's name and mailing address MASON, BRADLEY 295 N WYCOMBE AVENUE LANSDOWNE, PA 19050	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$360.75	\$360.75
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.863	Priority creditor's name and mailing address MATLOCK, TERRA 1936 E MADISON STREET PHILADELPHIA, PA 19134	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,000.00	\$4,000.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.868	Priority creditor's name and mailing address MATOS, NORMA 182 PACIFIC ST PATERSON, NJ 07503 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.78 \$149.78
2.869	Priority creditor's name and mailing address MAW, MELISSA 1315 ABBOTT BLVD FORT LEE, NJ 7024 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.870	Priority creditor's name and mailing address MCCALLUM, TONI ANN 20 BOND ST NEW HAVEN, CT 6519 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.68 \$406.68
2.871	Priority creditor's name and mailing address MCCALLUM, TONI ANN 20 BOND ST NEW HAVEN, CT 06519 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.84 \$196.84

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			Total claim	Priority amount
2.872	Priority creditor's name and mailing address MCCLURE, SARAH 132 BERGEN CIRCLE SLATE HILL, NY 10973 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.45	\$90.45
2.873	Priority creditor's name and mailing address MCCLURE, SARAH 132 BERGEN CIRCLE SLATE HILL, NY 10973 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$473.12	\$473.12
2.874	Priority creditor's name and mailing address MCCULLOUGH, SYRIA 532 HIGHRIDGE AVE CLIFFSIDE PARK, NJ 7010 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.875	Priority creditor's name and mailing address MCDANIEL, KENYETT 273 MORSEMER AVE APT 1B YONKERS, NY 10703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$513.51	\$513.51

Total claim	Priority amount
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Total claim	Priority amount
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Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.884	Priority creditor's name and mailing address MEA, LAUREN 40 ENNIS DR HAZLET, NJ 7730 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.885	Priority creditor's name and mailing address MEDINA, JENNIFER 1179 STUYVESANT AVE APT #4 IRVINGTON, NJ 7111 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,355.76 \$1,355.76
2.886	Priority creditor's name and mailing address MEDINA, JENNIFER 1179 STUYVESANT AVE APT #4 IRVINGTON, NJ 07111 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$453.66 \$453.66
2.887	Priority creditor's name and mailing address MEDINA, JENNIFER 1179 STUYVESANT AVE APT #4 IRVINGTON, NJ 07111 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$445.40 \$445.40

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		Total claim	Priority amount
2.892	Priority creditor's name and mailing address MEJIA, RUTH 1505 GREENE AVE 2ND FLOOR BROOKLYN, NY 11237 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.02 \$103.02
2.893	Priority creditor's name and mailing address MELEK, AURELIA 349 LIBERTY AVE JERSEY CITY, NJ 7307 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.28 \$431.28
2.894	Priority creditor's name and mailing address MELENDEZ, WINTER 102 POPLAR ST NEW HAVEN, CT 6513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.08 \$444.08
2.895	Priority creditor's name and mailing address MELENDEZ, WINTER 102 POPLAR ST NEW HAVEN, CT 06513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$223.27 \$223.27

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.896	Priority creditor's name and mailing address MENDEZ, FRANCES 119 HILLSBORO AVE ELMONT, NY 11003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.897	Priority creditor's name and mailing address MENDEZ, FRANCES 119 HILLSBORO AVE ELMONT, NY 11003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.78 \$228.78
2.898	Priority creditor's name and mailing address MENDEZ, FRANCES 119 HILLSBORO AVE ELMONT, NY 11003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$432.16 \$432.16
2.899	Priority creditor's name and mailing address MENDEZ, JILLIAN 5 WILLIAMS AVE EGG HARBOR TWP, NJ 8234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$465.76 \$465.76

Total claim	Priority amount
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		Total claim	Priority amount
2.904	Priority creditor's name and mailing address MENDIETHA, SOLANGE 49 MAYBROOK DRIVE MAYWOOD, NJ 07607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.30 \$61.30
2.905	Priority creditor's name and mailing address MENDIETHA, SOLANGE 49 MAYBROOK DRIVE MAYWOOD, NJ 07607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194.76 \$194.76
2.906	Priority creditor's name and mailing address MENDIETHA, SOLANGE 49 MAYBROOK DRIVE MAYWOOD, NJ 07607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.08 \$216.08
2.907	Priority creditor's name and mailing address MENDIETHA, SOLANGE 49 MAYBROOK DRIVE MAYWOOD, NJ 07607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$724.14 \$724.14

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			Total claim	Priority amount
2.908	Priority creditor's name and mailing address MENENDEZ, ROSARIO 222 FULTON ST WESTBURY, NY 11590 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.909	Priority creditor's name and mailing address MERCADO, ALESHA 985 PRATT STREET PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171.28	\$171.28
2.910	Priority creditor's name and mailing address MERCADO, ALESHA 985 PRATT STREET PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.92	\$48.92
2.911	Priority creditor's name and mailing address MERCADO, LILLIAN 244 TEXAS AVE APT D BRIDGEPORT, CT 6601 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$665.28	\$665.28

Total claim	Priority amount
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			Total claim	Priority amount
2.920	Priority creditor's name and mailing address MIHALIK, ERICA 22 COMPTON WAY HAMILTON, NJ 08690 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$263.91	\$263.91
2.921	Priority creditor's name and mailing address MILLER, DAQUASHA 8 JOHN DANIELS PLACE APT 8 NEW HAVEN, CT 6511 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$501.44	\$501.44
2.922	Priority creditor's name and mailing address MILLER, DAQUASHA 8 JOHN DANIELS PLACE APT 8 NEW HAVEN, CT 06511 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.88	\$302.88
2.923	Priority creditor's name and mailing address MILLER, NIJHIA 91 WARNER AVE 2ND FLOOR JERSEY CITY, NJ 7305 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.74	\$576.74

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		Total claim	Priority amount
2.924	Priority creditor's name and mailing address MILLER, NIJHIA 91 WARNER AVE 2ND FLOOR JERSEY CITY, NJ 07305 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.56 \$100.56
2.925	Priority creditor's name and mailing address MITCHELL, EVA 2748 N NEWKIRK ST PHILADELPHIA, PA 19132 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.32 \$64.32
2.926	Priority creditor's name and mailing address MITCHELL, EVA 2748 N NEWKIRK ST PHILADELPHIA, PA 19132 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.74 \$214.74
2.927	Priority creditor's name and mailing address MITCHELL, EVA 2748 N NEWKIRK ST PHILADELPHIA, PA 19132 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.71 \$133.71

Total claim	Priority amount
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			Total claim	Priority amount
2.932	Priority creditor's name and mailing address MOHAMMED, PARISA 172 BERGEN STREET WOODBIDGE, NJ 7095 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436.86	\$436.86
2.933	Priority creditor's name and mailing address MOLINA, GENNYLIZ 4601 HURLEY ST PHILADELPHIA, PA 19120 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.45	\$575.45
2.934	Priority creditor's name and mailing address MOLINA, GENNYLIZ 4601 HURLEY ST PHILADELPHIA, PA 19120 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.71	\$247.71
2.935	Priority creditor's name and mailing address MOLINA, MADELINE 4325 WALN STREET PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$331.52	\$331.52

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.936	Priority creditor's name and mailing address MOLINA, MADELINE 4325 WALN STREET PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.82 \$188.82
2.937	Priority creditor's name and mailing address MOLNAR, FRANCISCA 33 LA BONNE VIE DR APT F PATCHOGUE, NY 11772 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,778.75 \$2,778.75
2.938	Priority creditor's name and mailing address MOLNAR, FRANCISCA 33 LA BONNE VIE DR APT F PATCHOGUE, NY 11772 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.11 \$153.11
2.939	Priority creditor's name and mailing address MONEGO, JANET 2 STEVENS ROAD APT 13 WALLINGTON, NJ 7057 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.00 \$891.00

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		Total claim	Priority amount
2.940	Priority creditor's name and mailing address MONEGO, JANET 2 STEVENS ROAD WALLINGTON, NJ 07057 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.19 \$86.19
2.941	Priority creditor's name and mailing address MONTOLYA, ODALY 7 DEKALB AVE BRENTWOOD, NY 11717 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$536.99 \$536.99
2.942	Priority creditor's name and mailing address MONTOLYA, ODALY 7 DEKALB AVE BRENTWOOD, NY 11717 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421.92 \$421.92
2.943	Priority creditor's name and mailing address MOORE, KENNA 25 TYLER RD OCEAN VIEW, NJ 8230 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.83 \$599.83

Total claim	Priority amount
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			Total claim	Priority amount
2.952	Priority creditor's name and mailing address MORALES, KARLA 913 E FRONT STREET APT C PLAINFIELD, NJ 07062 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.14	\$70.14
2.953	Priority creditor's name and mailing address MORALES, KARLA 913 E FRONT STREET APT C PLAINFIELD, NJ 07062 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.16	\$99.16
2.954	Priority creditor's name and mailing address MORALES, MAGGIE 81 GRANT STREET FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.42	\$441.42
2.955	Priority creditor's name and mailing address MORALES, MAGGIE 81 GRANT STREET FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$233.60	\$233.60

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			Total claim	Priority amount
2.956	Priority creditor's name and mailing address MORAN, SAMANTHA 132 STARLIGHT ROAD HOWELL, NJ 7731 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,106.27	\$1,106.27
2.957	Priority creditor's name and mailing address MORAN, SAMANTHA 132 STARLIGHT ROAD HOWELL, NJ 07731 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.29	\$253.29
2.958	Priority creditor's name and mailing address MORENO, JASON 130 OVERLOOK AVE APT 8G HACKENSACK, NJ 7601 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,692.32	\$7,692.32
2.959	Priority creditor's name and mailing address MORIN, ANA 657 CHESTNUT ST KEARNY, NJ 7032 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$957.60	\$957.60

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		Total claim	Priority amount
2.960	Priority creditor's name and mailing address MORNING, KHADIJAH 23 FELWAY DRIVE CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$676.25 \$676.25
2.961	Priority creditor's name and mailing address MORNING, KHADIJAH 23 FELWAY DRIVE CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202.82 \$202.82
2.962	Priority creditor's name and mailing address MORTELLARO, THOMAS 509 ROSEWOOD DRIVE NORTHAMPTON, PA 18067 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,846.16 \$3,846.16
2.963	Priority creditor's name and mailing address MOSELY, VERONICA 311 LIBERTY PARK DR FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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		Total claim	Priority amount
2.968	Priority creditor's name and mailing address MUNOZ, MARIA 536 CENTRAL AVENUE BETHPAGE, NY 11714 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.89 \$220.89
2.969	Priority creditor's name and mailing address MUNOZ, MARIA 536 CENTRAL AVENUE BETHPAGE, NY 11714 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$213.53 \$213.53
2.970	Priority creditor's name and mailing address MURRAY, ALZANAIA 978 KENYON AVE PLAINFIELD, NJ 7060 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.41 \$89.41
2.971	Priority creditor's name and mailing address MURRAY, ALZANAIA 978 KENYON AVE PLAINFIELD, NJ 07060 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.34 \$84.34

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		Total claim	Priority amount
2.972	Priority creditor's name and mailing address MYERS, LEXUS 4B WADLEY STREET APT 4B NEW HAVEN, CT 6515 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.973	Priority creditor's name and mailing address NAGRA, GURLENE 50 HAMPTON CT MAYWOOD, NJ 7607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.74 \$522.74
2.974	Priority creditor's name and mailing address NAGRA, GURLENE 50 HAMPTON CT MAYWOOD, NJ 07607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.43 \$104.43
2.975	Priority creditor's name and mailing address NAGRA, GURLENE 50 HAMPTON CT MAYWOOD, NJ 07607 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.37 \$49.37

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			Total claim	Priority amount
2.980	Priority creditor's name and mailing address NAJARRO, OLANDA 27 LACEBARK LN MEDFORD, NY 11763	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,711.71	\$1,711.71
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.981	Priority creditor's name and mailing address NAJARRO, OLANDA 27 LACEBARK LN MEDFORD, NY 11763	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$210.03	\$210.03
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.982	Priority creditor's name and mailing address NARANJO, LUCIA 375 S. 16TH STREET LINDENHURST, NY 11757	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$665.40	\$665.40
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.983	Priority creditor's name and mailing address NARCISSE, JUSTINE 425 FERRARIS ST COPIAGUE, NY 11726	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$512.16	\$512.16
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.984	Priority creditor's name and mailing address NDIAYE, ANNA 5 NORTH HIGH STREET ELMSFORD, NY 10523 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$744.52 \$744.52
2.985	Priority creditor's name and mailing address NDIAYE, ANNA 5 NORTH HIGH STREET ELMSFORD, NY 10523 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.62 \$216.62
2.986	Priority creditor's name and mailing address NEAL, KAREN 1771 OLD YORK ROAD ABINGTON, PA 19001 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,661.52 \$3,661.52
2.987	Priority creditor's name and mailing address NEAL, KAREN 1771 OLD YORK ROAD ABINGTON, PA 19001 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$678.51 \$678.51

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		Total claim	Priority amount
2.1004	Priority creditor's name and mailing address NORAKO, VICTORIA 1011 FRONT STREET UNIONDALE, NY 11553 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$424.14 \$424.14
2.1005	Priority creditor's name and mailing address NORAKO, VICTORIA 1011 FRONT STREET UNIONDALE, NY 11553 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.83 \$135.83
2.1006	Priority creditor's name and mailing address NOTARO, VERONICA 4009 COTTONWOOD AVE EGG HARBOR TWP, NJ 8234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.60 \$725.60
2.1007	Priority creditor's name and mailing address NOTARO, VERONICA 4009 COTTONWOOD AVE EGG HARBOR TWP, NJ 08234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.88 \$265.88

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		Total claim	Priority amount
2.1008	Priority creditor's name and mailing address NOURELDEEN, SARAH 845 DURHAM RD EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.22 \$68.22
2.1009	Priority creditor's name and mailing address NOURELDEEN, SARAH 845 DURHAM RD EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.93 \$172.93
2.1010	Priority creditor's name and mailing address NYC DEPT. OF FINANCE PO BOX 680 BROOKLYN BLOCK 6347, LOT59 NEWARK, NJ 07101-0680 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REAL ESTATE TAX STORE # 41 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.24 \$990.24
2.1011	Priority creditor's name and mailing address NYC DEPT. OF FINANCE PO BOX 680 QUEENS BLOCK 4974, LOTS 42/45 NEWARK, NJ 07101-0680 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REAL ESTATE TAX STORE # 82 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,507.83 \$2,507.83

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		Total claim	Priority amount
2.1012	Priority creditor's name and mailing address O'BRIEN, ALEXANDRA 290 ECHELON RD VOORHEES, NJ 8043 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.84 \$253.84
2.1013	Priority creditor's name and mailing address O'BRIEN, ALEXANDRA 290 ECHELON RD VOORHEES, NJ 08043 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.73 \$216.73
2.1014	Priority creditor's name and mailing address O'NEILL, BRITTANY 435 OAK AVENUE DEPTFORD, NJ 8096 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.71 \$111.71
2.1015	Priority creditor's name and mailing address O'NEILL, BRITTANY 435 OAK AVENUE DEPTFORD, NJ 08096 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.91 \$126.91

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		Total claim	Priority amount
2.1016	Priority creditor's name and mailing address O'REILLY, CHERYL 85 STONYRIDGE DR LINCOLN PARK, NJ 7035 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,723.53 \$5,723.53
2.1017	Priority creditor's name and mailing address OEST-GAGLIANO, KAYLA 1441 5TH ST WEST BABYLON, NY 11704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1018	Priority creditor's name and mailing address OGANISYAN, MARIAM 80 UNION BLVD WALLINGTON, NJ 7057 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$573.88 \$573.88
2.1019	Priority creditor's name and mailing address OGANISYAN, MARIAM 80 UNION BLVD WALLINGTON, NJ 07057 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.63 \$169.63

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			Total claim	Priority amount
2.1028	Priority creditor's name and mailing address ORNEGRI, MADELINE 14 BOLTEN PLACE BLOOMFIELD, NJ 7003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,869.24	\$4,869.24
2.1029	Priority creditor's name and mailing address ORTIZ, CARLOS 13 LAWRIE AVE HOPATCONG, NJ 7843 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,499.96	\$5,499.96
2.1030	Priority creditor's name and mailing address ORTIZ, CARLOS 13 LAWRIE AVE HOPATCONG, NJ 07843 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.43	\$184.43
2.1031	Priority creditor's name and mailing address ORTIZ, KYNAISHA 124B MYRTLE AVE PASSAIC, NJ 7055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.30	\$443.30

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			Total claim	Priority amount
2.1036	Priority creditor's name and mailing address PABON, FELIX 5701-BLVD EAST APT 11H WEST NEW YORK, NJ 7093	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,474.00	\$1,474.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1037	Priority creditor's name and mailing address PADILLA, ANGELIQUE 610 S 6TH ST CAMDEN, NJ 8103	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1038	Priority creditor's name and mailing address PADRON, SHIRLEY 894 MARCELLA ST PHILADELPHIA, PA 19124	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$526.00	\$526.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1039	Priority creditor's name and mailing address PADRON, SHIRLEY 894 MARCELLA ST PHILADELPHIA, PA 19124	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1.97	\$1.97
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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			Total claim	Priority amount
2.1040	Priority creditor's name and mailing address PALACIO, FABIO 294 SOUTH WASHINGTON AVE APT108 BERGENFIELD, NJ 7621	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,190.00	\$2,190.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1041	Priority creditor's name and mailing address PANDOLAS, MARYANN 13 HEATHER LANE MIDDLETOWN, NY 10940	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,146.12	\$5,146.12
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1042	Priority creditor's name and mailing address PANDOLAS, MARYANN 13 HEATHER LANE MIDDLETOWN, NY 10940	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,067.57	\$1,067.57
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1043	Priority creditor's name and mailing address PANGOULIDIS, OURANIA 21-21 78TH STREET APT C-1 EAST ELMHURST, NY 11370	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$679.06	\$679.06
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.1048	Priority creditor's name and mailing address PARKER, DEACQUANITA 53 STRONG STREET HICKSVILLE, NY 11801 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.44 \$139.44
2.1049	Priority creditor's name and mailing address PARRIS, ANDREA 334 CONTRY CLUB LA POMONA, NY 10970 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00 \$3,200.00
2.1050	Priority creditor's name and mailing address PARRIS, ANDREA 334 CONTRY CLUB LA POMONA, NY 10970 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$636.69 \$636.69
2.1051	Priority creditor's name and mailing address PASCARELLA, AMBER 1925 OAKDALE RD TOMS RIVER, NJ 8753 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$555.09 \$555.09

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		Total claim	Priority amount
2.1060	Priority creditor's name and mailing address PATTON, MARINA 119 COUNTRY FARMS RD MARLTON, NJ 8053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$668.34 \$668.34
2.1061	Priority creditor's name and mailing address PATTON, MARINA 119 COUNTRY FARMS RD MARLTON, NJ 08053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.55 \$243.55
2.1062	Priority creditor's name and mailing address PAULIN, SARAH 191 CLINTON AVE NEW HAVEN, CT 6513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,343.16 \$1,343.16
2.1063	Priority creditor's name and mailing address PAULIN, SARAH 191 CLINTON AVE NEW HAVEN, CT 06513 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131.38 \$131.38

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			Total claim	Priority amount
2.1072	Priority creditor's name and mailing address PENA, SEBASTIAN 1411-6TH ST NORTH BERGEN, NJ 07047 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.34	\$125.34
2.1073	Priority creditor's name and mailing address PENSABENE, DANIELLE 106 BARK ST TOMS RIVER, NJ 8753 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.68	\$106.68
2.1074	Priority creditor's name and mailing address PENSABENE, DANIELLE 106 BARK ST TOMS RIVER, NJ 08753 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.37	\$243.37
2.1075	Priority creditor's name and mailing address PENSON, MARIE P.O BOX 201 LAKEWOOD, NJ 8701 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.89	\$474.89

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		Total claim	Priority amount
2.1076	Priority creditor's name and mailing address PENSON, MARIE P.O BOX 201 LAKEWOOD, NJ 08701 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.09 \$172.09
2.1077	Priority creditor's name and mailing address PENZA, KIM 12510 QUEENS BLVD APT 503 KEW GARDENS, NY 11415 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,769.24 \$2,769.24
2.1078	Priority creditor's name and mailing address PENZA, KIM 12510 QUEENS BLVD APT 503 KEW GARDENS, NY 11415 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.05 \$649.05
2.1079	Priority creditor's name and mailing address PERALTA, JOHANNA 1009 14TH ST WEST BABYLON, NY 11704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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			Total claim	Priority amount
2.1084	Priority creditor's name and mailing address PEREZ, NICOLE 913 W HAMILTON ST APT# 3A ALLENTOWN, PA 18104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,141.90	\$1,141.90
2.1085	Priority creditor's name and mailing address PEREZ, NICOLE 913 W HAMILTON ST APT# 3A ALLENTOWN, PA 18104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.69	\$109.69
2.1086	Priority creditor's name and mailing address PEREZ, RANYELY 154 S MAIN ST APT 2 FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$613.24	\$613.24
2.1087	Priority creditor's name and mailing address PEREZ, RANYELY 154 S MAIN ST APT 2 FREEPORT, NY 11520 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.42	\$169.42

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		Total claim	Priority amount
2.1088	Priority creditor's name and mailing address PEREZ, ROCHELLE 750 MARYS DR BRICK, NJ 8723 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,069.50 \$1,069.50
2.1089	Priority creditor's name and mailing address PEREZ, ROCHELLE 750 MARYS DR BRICK, NJ 08723 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.66 \$232.66
2.1090	Priority creditor's name and mailing address PERNICE, CARMELA 45 DEER LANE WANTAGH, NY 11793 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,643.75 \$2,643.75
2.1091	Priority creditor's name and mailing address PERNICE, CARMELA 45 DEER LANE WANTAGH, NY 11793 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$203.49 \$203.49

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			Total claim	Priority amount
2.1092	Priority creditor's name and mailing address PERRETTA, JANET 217 E. SIXTH STREET CLIFTON, NJ 7011	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,330.83	\$5,330.83
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1093	Priority creditor's name and mailing address PERRY, TERRESA 101 E GURGAS LN PHILADELPHIA, PA 19119	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1094	Priority creditor's name and mailing address PERRY, TERRESA 101 E GURGAS LN PHILADELPHIA, PA 19119	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$38.43	\$38.43
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1095	Priority creditor's name and mailing address PERRY, VANESSA 244 SCOTT ROAD APT 2 WATERBURY, CT 6705	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,742.32	\$3,742.32
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.1096	Priority creditor's name and mailing address PERRY, VANESSA 244 SCOTT ROAD APT 2 WATERBURY, CT 06705 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$791.46 \$791.46
2.1097	Priority creditor's name and mailing address PESANTEZ, ROSA 5 GROVE ST APT 2D PORT CHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.10 \$570.10
2.1098	Priority creditor's name and mailing address PESANTEZ, ROSA 5 GROVE ST APT 2D PORT CHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.03 \$149.03
2.1099	Priority creditor's name and mailing address PETERKIN, SANCIA 1061 EAST 59TH STREET APT 1 BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$670.37 \$670.37

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			Total claim	Priority amount
2.1100	Priority creditor's name and mailing address PETERKIN, SANCIA 1061 EAST 59TH STREET APT 1 BROOKLYN, NY 11234	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$169.65	\$169.65
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1101	Priority creditor's name and mailing address PETRAKIS, ALEXIS 206 VAN BUREN AVE GLASSBORO, NJ 8028	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$435.18	\$435.18
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1102	Priority creditor's name and mailing address PETRAKIS, ALEXIS 206 VAN BUREN AVE GLASSBORO, NJ 08028	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$133.85	\$133.85
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1103	Priority creditor's name and mailing address PHAGOO, KAMALWATTIE 1515 WEST 7TH ST SOUTH PLAINFIELD, NJ 7080	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,176.90	\$1,176.90
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.1112	Priority creditor's name and mailing address PICHARDO, JENNIFER APT. 1 53-19 102ND STREET CORONA, NY 11368 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.28 \$24.28
2.1113	Priority creditor's name and mailing address PIERRE LOUIS, CHRISTINA 52 POWELL CT NORTH BABYLON, NY 11703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$693.61 \$693.61
2.1114	Priority creditor's name and mailing address PIERRE LOUIS, CHRISTINA 52 POWELL CT NORTH BABYLON, NY 11703 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$183.91 \$183.91
2.1115	Priority creditor's name and mailing address PIERRE LOUIS, MARLY 14 VERMEER DRIVE SOUTH AMBOY, NJ 08879 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$215.59 \$215.59

Total claim	Priority amount
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			Total claim	Priority amount
2.1120	Priority creditor's name and mailing address POPE, CHRYSTAL 234 STONY HOLLOW RD GREENLAWN, NY 11740 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.1121	Priority creditor's name and mailing address PROVILUS, POLEY-INA 1265 E 52ND ST BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.1122	Priority creditor's name and mailing address PROVILUS, POLEY-INA 1265 E 52ND ST BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.44	\$197.44
2.1123	Priority creditor's name and mailing address QUINN, JOHN 365 NEWBRIDGE ROAD NEW MILFORD, NJ 7646 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,759.68	\$9,759.68

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		Total claim	Priority amount	
2.1124	Priority creditor's name and mailing address QUINONES CORTORREAL, YENIFER 45 EAST 18TH ST. APT# 111 BAYONNE, NJ 7002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627.44 	\$627.44
2.1125	Priority creditor's name and mailing address QUINONES CORTORREAL, YENIFER 45 EAST 18TH ST. BAYONNE, NJ 07002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.69 	\$231.69
2.1126	Priority creditor's name and mailing address RAI, SHWETA 3546 29TH ST APT 1R ASTORIA, NY 11106 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.83 	\$160.83
2.1127	Priority creditor's name and mailing address RAI, SHWETA 3546 29TH ST APT 1R ASTORIA, NY 11106 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.65 	\$38.65

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		Total claim	Priority amount
2.1128	Priority creditor's name and mailing address RAIKER, BRITTANY 222 JEFFERSON AVE W. BERLIN, NJ 8091 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00 \$3,000.00
2.1129	Priority creditor's name and mailing address RAIKER, MELISSA 320 WOODLAKE DRIVE MARLTON, NJ 8053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,523.08 \$5,523.08
2.1130	Priority creditor's name and mailing address RAIKER, MICHAEL 222 JEFFERSON AVE W. BERLIN, NJ 8091 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200.00 \$4,200.00
2.1131	Priority creditor's name and mailing address RAMBAJAN, DESTINEE 12 WLODARCZYK PL PARLIN, NJ 8859 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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		Total claim	Priority amount
2.1132	Priority creditor's name and mailing address RAMBAJAN, DESTINEE 12 WLODARCZYK PL PARLIN, NJ 08859 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.10 \$149.10
2.1133	Priority creditor's name and mailing address RAMIREZ, VIRGINIA 172 8TH ST 2ND FL PASSAIC, NJ 7055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$780.00 \$780.00
2.1134	Priority creditor's name and mailing address RAMIREZ, VIRGINIA 172 8TH ST PASSAIC, NJ 07055 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$287.32 \$287.32
2.1135	Priority creditor's name and mailing address RAMIREZ-GARCIA, PATRICIA 1723 RIVER ROAD BELMAR, NJ 7719 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$336.95 \$336.95

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		Total claim	Priority amount
2.1136	Priority creditor's name and mailing address RAMIREZ-GARCIA, PATRICIA 1723 RIVER ROAD BELMAR, NJ 07719 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$929.42 \$929.42
2.1137	Priority creditor's name and mailing address RAMIREZ-GARCIA, PATRICIA 1723 RIVER ROAD BELMAR, NJ 07719 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.62 \$910.62
2.1138	Priority creditor's name and mailing address RAMOS RODRIGUEZ, JAQUELINA 281 NORTH STREET APT 1 MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$878.09 \$878.09
2.1139	Priority creditor's name and mailing address RAMOS RODRIGUEZ, JAQUELINA 281 NORTH STREET APT 1 MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.68 \$185.68

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			Total claim	Priority amount
2.1148	<div>Priority creditor's name and mailing address</div> <div>RAMOS, SALENA 113 LINCOLN RD WENONAH, NJ 08090</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: OUTSTANDING PAYROLL CHECKS</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$177.37	\$177.37
2.1149	<div>Priority creditor's name and mailing address</div> <div>RAMSEY, TOTIANA 19 SOMERSET ROAD NORTH AMITYVILLE, NY 11705</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: EMPLOYEE WAGES, SALARIES</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$223.43	\$223.43
2.1150	<div>Priority creditor's name and mailing address</div> <div>RAMSEY, TOTIANA 19 SOMERSET ROAD NORTH AMITYVILLE, NY 11705</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: OUTSTANDING PAYROLL CHECKS</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$105.14	\$105.14
2.1151	<div>Priority creditor's name and mailing address</div> <div>RAMSEY, TOTIANA 19 SOMERSET ROAD NORTH AMITYVILLE, NY 11705</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div> <div>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()</div>	<div>As of the petition filing date, the claim is:</div> <div><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: OUTSTANDING PAYROLL CHECKS</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	\$229.47	\$229.47

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			Total claim	Priority amount
2.1152	Priority creditor's name and mailing address RAMSEY, TOTIANA 19 SOMERSET ROAD NORTH AMITYVILLE, NY 11705 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.81	\$143.81
2.1153	Priority creditor's name and mailing address RANDOLPH, NICHELLE 2141 ROUTE 38 CHERRY HILL, NJ 8002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$504.56	\$504.56
2.1154	Priority creditor's name and mailing address RANDOLPH, NICHELLE 2141 ROUTE 38 CHERRY HILL, NJ 08002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.70	\$114.70
2.1155	Priority creditor's name and mailing address RASMUSSEN, ELIZABETH 22 ELIZABETH CT SOUTH MARLTON, NJ 8053 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,030.76	\$2,030.76

Total claim	Priority amount
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		Total claim	Priority amount
2.1164	Priority creditor's name and mailing address REYES, ASHLEY 156 W 3RD ST APT 334 BAYONNE, NJ 7002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.30 \$143.30
2.1165	Priority creditor's name and mailing address REYES, ASHLEY 156 W 3RD ST APT 334 BAYONNE, NJ 07002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.74 \$91.74
2.1166	Priority creditor's name and mailing address REYES, CARMEN 119 6TH AVE HUNTINGTON STATION, NY 11746 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$406.06 \$406.06
2.1167	Priority creditor's name and mailing address REYES, CARMEN 119 6TH AVE HUNTINGTON STATION, NY 11746 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$562.58 \$562.58

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			Total claim	Priority amount
2.1168	Priority creditor's name and mailing address REYES, ERICKA 208 FRIENDS LANE WESTBURY, NY 11590 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.23	\$269.23
2.1169	Priority creditor's name and mailing address REYES, GIANNA 4308 N 8TH ST PHILADELPHIA, PA 19140 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$498.78	\$498.78
2.1170	Priority creditor's name and mailing address REYES, GIANNA 4308 N 8TH ST PHILADELPHIA, PA 19140 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.59	\$304.59
2.1171	Priority creditor's name and mailing address REZNIK, JACK 30 MEADOW LANE OLD BRIDGE, NJ 8857 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,375.00	\$9,375.00

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			Total claim	Priority amount
2.1172	Priority creditor's name and mailing address RIBARRO, DARIA 403 ANTHONY AVE TOMS RIVER, NJ 8753 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,630.76	\$3,630.76
2.1173	Priority creditor's name and mailing address RIBARRO, DARIA 403 ANTHONY AVE TOMS RIVER, NJ 08753 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.63	\$575.63
2.1174	Priority creditor's name and mailing address RICKER, CASSIDY 8 MARLA DRIVE CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$642.95	\$642.95
2.1175	Priority creditor's name and mailing address RICKER, CASSIDY 8 MARLA DRIVE CORAM, NY 11727 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$189.32	\$189.32

Total claim	Priority amount
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		Total claim	Priority amount
2.1180	Priority creditor's name and mailing address RINCON, IVELISSE 68 CLARK STREET APT 1S POUGHKEEPSIE, NY 12601 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.81 \$33.81
2.1181	Priority creditor's name and mailing address RIOS, KARIZMA 315 WILLIAM ST BRIDGEPORT, CT 6608 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$646.38 \$646.38
2.1182	Priority creditor's name and mailing address RIOS, KARIZMA 315 WILLIAM ST BRIDGEPORT, CT 06608 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.89 \$264.89
2.1183	Priority creditor's name and mailing address RIVERA, ALICIA 52 ST PAULS AVE APT 2L JERSEY CITY, NJ 7306 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.59 \$197.59

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		Total claim	Priority amount
2.1188	Priority creditor's name and mailing address ROBINSON, SHARON 500 CENTRAL AVENUE #1503 UNION CITY, NJ 7087 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$553.00 \$553.00
2.1189	Priority creditor's name and mailing address ROBINSON, SHARON 500 CENTRAL AVENUE #1503 UNION CITY, NJ 07087 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.16 \$187.16
2.1190	Priority creditor's name and mailing address ROCKSON, SANDRA 9 CATTELL DR SICKLERVILLE, NJ 8081 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.86 \$169.86
2.1191	Priority creditor's name and mailing address ROCKSON, SANDRA 9 CATTELL DR SICKLERVILLE, NJ 08081 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202.29 \$202.29

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			Total claim	Priority amount
2.1196	Priority creditor's name and mailing address RODRIGUEZ, GINA 25-56 89TH ST E.ELMHURST QUEENS, NY 11369 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,037.75	\$1,037.75
2.1197	Priority creditor's name and mailing address RODRIGUEZ, GINA 25-56 89TH ST E.ELMHURST QUEENS, NY 11369 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.51	\$128.51
2.1198	Priority creditor's name and mailing address RODRIGUEZ, GINA 25-56 89TH ST E.ELMHURST QUEENS, NY 11369 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.87	\$160.87
2.1199	Priority creditor's name and mailing address RODRIGUEZ, ISABEL 3439 N G ST PHILADELPHIA, PA 19134 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$477.12	\$477.12

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		Total claim	Priority amount
2.1200	Priority creditor's name and mailing address RODRIGUEZ, ISABEL 3439 N G ST PHILADELPHIA, PA 19134 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202.57 \$202.57
2.1201	Priority creditor's name and mailing address RODRIGUEZ, MARXIEL 345 EAGLE AVE APT# 2 PERTH AMBOY, NJ 8861 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00 \$2,500.00
2.1202	Priority creditor's name and mailing address RODRIGUEZ, MARXIEL 345 EAGLE AVE APT# 2 PERTH AMBOY, NJ 08861 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.58 \$579.58
2.1203	Priority creditor's name and mailing address RODRIGUEZ, MICHAEL 204 S 13TH ST ALLENTOWN, PA 18102 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00

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			Total claim	Priority amount
2.1216	Priority creditor's name and mailing address ROMAN, KEISHLA 434 B CHURCH ST APT B BOONTON, NJ 7005	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,473.38	\$1,473.38
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1217	Priority creditor's name and mailing address ROMAN, KEISHLA 434 B CHURCH ST APT B BOONTON, NJ 07005	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$575.38	\$575.38
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1218	Priority creditor's name and mailing address ROMANELLI, AMANDA 133 N GREENE AVE LINDENHURST, NY 11757	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$555.44	\$555.44
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1219	Priority creditor's name and mailing address ROMANELLI, AMANDA 133 N GREENE AVE LINDENHURST, NY 11757	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$238.93	\$238.93
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.1220	Priority creditor's name and mailing address ROSA, ALISSON 23 ARDMORE AVE RUNNEMEDE, NJ 8078 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1221	Priority creditor's name and mailing address ROSA, ALISSON 23 ARDMORE AVE RUNNEMEDE, NJ 08078 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.43 \$90.43
2.1222	Priority creditor's name and mailing address ROSA, JESSICA 2835 S BEULAH ST PHILADELPHIA, PA 19148 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$363.66 \$363.66
2.1223	Priority creditor's name and mailing address ROSA, JESSICA 2835 S BEULAH ST PHILADELPHIA, PA 19148 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.21 \$2.21

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		Total claim	Priority amount
2.1232	Priority creditor's name and mailing address SALAS, GABRIELA 274 E 18TH ST 1ST FL PATERSON, NJ 7524 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.72 \$368.72
2.1233	Priority creditor's name and mailing address SALERNO, GABRIELLE 435 SECOND AVE PISCATAWAY, NJ 8854 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.27 \$108.27
2.1234	Priority creditor's name and mailing address SALERNO, GABRIELLE 435 SECOND AVE PISCATAWAY, NJ 08854 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.83 \$208.83
2.1235	Priority creditor's name and mailing address SALMON, KEMOY 284 SO COLUMBUS AVE APT# B-11 MOUNT VERNON, NY 10553 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.78 \$550.78

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		Total claim	Priority amount
2.1240	Priority creditor's name and mailing address SAMARU, URMELLA 2637 WILLARD AVE BALDWIN, NY 11510 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$476.57 \$476.57
2.1241	Priority creditor's name and mailing address SAMARU, URMELLA 2637 WILLARD AVE BALDWIN, NY 11510 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.71 \$145.71
2.1242	Priority creditor's name and mailing address SAMARU, URMELLA 2637 WILLARD AVE BALDWIN, NY 11510 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.72 \$72.72
2.1243	Priority creditor's name and mailing address SAMUELS, IVAN 120-11 ALDRICH ST NEW YORK, NY 10475 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.27 \$598.27

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		Total claim	Priority amount
2.1248	Priority creditor's name and mailing address SANTIAGO, LIZMARIE 1126 KENWYN ST PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.63 \$83.63
2.1249	Priority creditor's name and mailing address SANTIAGO, LIZMARIE 1126 KENWYN ST PHILADELPHIA, PA 19124 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.14 \$66.14
2.1250	Priority creditor's name and mailing address SANTIAGO, YADALYNN 166 BRANCH VILLAGE CAMDEN, NJ 8104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,163.36 \$1,163.36
2.1251	Priority creditor's name and mailing address SANTIAGO, YADALYNN 166 BRANCH VILLAGE CAMDEN, NJ 08104 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$411.21 \$411.21

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		Total claim	Priority amount	
2.1268	Priority creditor's name and mailing address SEHAPOVIC, CRISTINA 5 GROVE STREET APT 4C PORT CHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,340.06 	\$1,340.06
2.1269	Priority creditor's name and mailing address SEHAPOVIC, CRISTINA 5 GROVE STREET APT 4C PORT CHESTER, NY 10573 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.82 	\$90.82
2.1270	Priority creditor's name and mailing address SEKOSAN, MARINEL 2640 1ST AVE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$476.05 	\$476.05
2.1271	Priority creditor's name and mailing address SEKOSAN, MARINEL 2640 1ST AVE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186.31 	\$186.31

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		Total claim	Priority amount
2.1272	Priority creditor's name and mailing address SEKOSAN, MARINEL 2640 1ST AVE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.60 \$188.60
2.1273	Priority creditor's name and mailing address SEKOSAN, MARINEL 2640 1ST AVE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.22 \$234.22
2.1274	Priority creditor's name and mailing address SEKOSAN, MARINEL 2640 1ST AVE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.69 \$167.69
2.1275	Priority creditor's name and mailing address SEMONELLA, ROXANNE 2060 LONGFELOW AVE EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.90 \$81.90

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			Total claim	Priority amount
2.1280	Priority creditor's name and mailing address SHAH, RAJENDRA 326 8TH STREET APT #B FAIRVIEW, NJ 7022	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,850.00	\$2,850.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1281	Priority creditor's name and mailing address SHAPIRO, ANDREW P.O.BOX 121 ALPINE, NJ 7620	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$251.40	\$251.40
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1282	Priority creditor's name and mailing address SHAPIRO, ANDREW P.O.BOX 121 ALPINE, NJ 07620	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25.93	\$25.93
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1283	Priority creditor's name and mailing address SHAPIRO, NANCY P.O.BOX 121 ALPINE, NJ 7620	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$460.58	\$460.58
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.1284	Priority creditor's name and mailing address SHEHATA, SARAH 815 ROSETREE DRIVE WILLIAMSTOWN, NJ 8094 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.01 \$201.01
2.1285	Priority creditor's name and mailing address SHEHATA, SARAH 815 ROSETREE DRIVE WILLIAMSTOWN, NJ 08094 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.73 \$158.73
2.1286	Priority creditor's name and mailing address SHEQI, ESRA 902 RIVER RD #1 EDGEWATER, NJ 7020 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1287	Priority creditor's name and mailing address SHULER-DAVIS, AYSIAH 15 BERKELY ST MAPLEWOOD, NJ 7040 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.24 \$522.24

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			Total claim	Priority amount
2.1288	Priority creditor's name and mailing address SHULER-DAVIS, AYSIAH 15 BERKELY ST MAPLEWOOD, NJ 07040 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.48	\$172.48
2.1289	Priority creditor's name and mailing address SICONOLFI, RAYMOND 10 RAINBOW TERRACE WEST ORANGE, NJ 7052 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,807.70	\$9,807.70
2.1290	Priority creditor's name and mailing address SIDIBEH, FANTA 270 WASHINGTON RD SAYREVILLE, NJ 8872 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.1291	Priority creditor's name and mailing address SIDIBEH, FANTA 270 WASHINGTON RD SAYREVILLE, NJ 08872 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.55	\$493.55

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			Total claim	Priority amount
2.1292	Priority creditor's name and mailing address SILVA, TANIA 1054 EDGEWOOD LANE FORT LEE, NJ 7024 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,211.55	\$7,211.55
2.1293	Priority creditor's name and mailing address SIMOES JESUS, VANESSA 47 DIVISION ST SOUTH RIVER, NJ 8882 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$935.80	\$935.80
2.1294	Priority creditor's name and mailing address SIMOES JESUS, VANESSA 47 DIVISION ST SOUTH RIVER, NJ 08882 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289.53	\$289.53
2.1295	Priority creditor's name and mailing address SIMOES JESUS, VANESSA 47 DIVISION ST SOUTH RIVER, NJ 08882 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.97	\$352.97

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		Total claim	Priority amount
2.1296	Priority creditor's name and mailing address SIMOES JESUS, VANESSA 47 DIVISION ST SOUTH RIVER, NJ 08882 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$364.52 \$364.52
2.1297	Priority creditor's name and mailing address SIMONSON, EBONY 562 BAINBRIDGE STREET APT #3B BROOKLYN, NY 11233 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,350.00 \$3,350.00
2.1298	Priority creditor's name and mailing address SIMONSON, EBONY 562 BAINBRIDGE STREET APT #3B BROOKLYN, NY 11233 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.10 \$98.10
2.1299	Priority creditor's name and mailing address SIMONSON, EBONY 562 BAINBRIDGE STREET APT #3B BROOKLYN, NY 11233 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.53 \$725.53

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		Total claim	Priority amount
2.1304	Priority creditor's name and mailing address SIRLEAF-BLAMAH, MATENJEH 42 UHLIG RD MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.85 \$41.85
2.1305	Priority creditor's name and mailing address SIRLEAF-BLAMAH, MATENJEH 42 UHLIG RD MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.58 \$166.58
2.1306	Priority creditor's name and mailing address SISON, RENE 380 FULTON AVENUE JERSEY CITY, NJ 7305 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,302.22 \$1,302.22
2.1307	Priority creditor's name and mailing address SISON, RENE 380 FULTON AVENUE JERSEY CITY, NJ 07305 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.65 \$117.65

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			Total claim	Priority amount
2.1308	Priority creditor's name and mailing address SISTRUNK, RAQUEEDA 3113 BERKELEY DR APT A PHILADELPHIA, PA 19129	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,214.16	\$1,214.16
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1309	Priority creditor's name and mailing address SISTRUNK, RAQUEEDA 3113 BERKELEY DR APT A PHILADELPHIA, PA 19129	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52.54	\$52.54
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1310	Priority creditor's name and mailing address SMALLING, SIERRA 6102 MULBERRY ST PHILADELPHIA, PA 19135	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$605.37	\$605.37
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1311	Priority creditor's name and mailing address SMALLING, SIERRA 6102 MULBERRY ST PHILADELPHIA, PA 19135	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70.06	\$70.06
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.1312	Priority creditor's name and mailing address SMITH, ALEAH 2049 BARNSBORO RD APT H-10 BLACKWOOD, NJ 8012 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1313	Priority creditor's name and mailing address SMITH, AVA 63 WOODLAND ESTATES DRIVE BALDWIN, NY 11510 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648.70 \$648.70
2.1314	Priority creditor's name and mailing address SMITH, AVA 63 WOODLAND ESTATES DRIVE BALDWIN, NY 11510 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.50 \$117.50
2.1315	Priority creditor's name and mailing address SMITH, NADJA 20 ABBETT AVE MORRISTOWN, NJ 7960 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$462.31 \$462.31

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			Total claim	Priority amount
2.1320	Priority creditor's name and mailing address SMITH, ROSEALYN 408 VILLANOVA RD GLASSBORO, NJ 8028 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,300.00	\$3,300.00
2.1321	Priority creditor's name and mailing address SMITH, ROSEALYN 408 VILLANOVA RD GLASSBORO, NJ 08028 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$729.22	\$729.22
2.1322	Priority creditor's name and mailing address SMITH, ROSEALYN 408 VILLANOVA RD GLASSBORO, NJ 08028 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$488.93	\$488.93
2.1323	Priority creditor's name and mailing address SONCINI, WILLIAM 306 DAVIS ROAD HAVERTOWN, PA 19083 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,692.30	\$7,692.30

Total claim	Priority amount
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		Total claim	Priority amount
2.1340	Priority creditor's name and mailing address STEWART, OLIVIA 55 GROVE ST HEMPSTEAD, NY 11550 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.51 \$68.51
2.1341	Priority creditor's name and mailing address STOKES, SHAQWANNA 3425 LINDEN PLACE APT 6K FLUSHING, NY 11354 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$908.00 \$908.00
2.1342	Priority creditor's name and mailing address STOKES, SHAQWANNA 3425 LINDEN PLACE APT 6K FLUSHING, NY 11354 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.26 \$224.26
2.1343	Priority creditor's name and mailing address STRICKLAND, CHYNA 9 COOPER ST BERGENFIELD, NJ 7621 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,920.00 \$1,920.00

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		Total claim	Priority amount
2.1356	Priority creditor's name and mailing address SZYMCZAK, BLAIRE 565 BASSO STREET JACKSON, NJ 8527 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.80 \$83.80
2.1357	Priority creditor's name and mailing address SZYMCZAK, BLAIRE 565 BASSO STREET JACKSON, NJ 08527 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.03 \$68.03
2.1358	Priority creditor's name and mailing address TALBERT, AMIRA 205 AWALT DR APT M13 GLASSBORO, NJ 8028 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1359	Priority creditor's name and mailing address TALLURY, RUTH 38 HOGAN LANE RED BANK, NJ 7701 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,806.03 \$1,806.03

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		Total claim	Priority amount	
2.1360	Priority creditor's name and mailing address TAX COLLECTOR, MILFORD, CT PO BOX 3025 MILFORD, CT 06460 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REAL ESTATE TAX STORE # 88 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.51 	\$17.51
2.1361	Priority creditor's name and mailing address TAX COLLECTOR, N.HAVEN, CT PO BOX 900 A/C #575005 HARTFORD, CT 06143-0900 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REAL ESTATE TAX STORE # 78 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.37 	\$30.37
2.1362	Priority creditor's name and mailing address TAYLOR, JESSICA 3236 TYSON AVENUE PHILADELPHIA, PA 19149 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.17 	\$178.17
2.1363	Priority creditor's name and mailing address TAYLOR, JUSONNA 195 SAWMILL RD BRICK, NJ 8724 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 	\$0.00

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		Total claim	Priority amount
2.1364	Priority creditor's name and mailing address TAYLOR, JUSONNA 195 SAWMILL RD BRICK, NJ 08724 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.32 \$232.32
2.1365	Priority creditor's name and mailing address TELLO, KAREN 50 HUNTINGON RD NEW HAVEN, CT 06512 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.96 \$248.96
2.1366	Priority creditor's name and mailing address THOM, YULETTA 892 THOMAS S BOYLAND ST BROOKLYN, NY 11212 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$631.65 \$631.65
2.1367	Priority creditor's name and mailing address THOM, YULETTA 892 THOMAS S BOYLAND ST BROOKLYN, NY 11212 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.26 \$196.26

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		Total claim	Priority amount
2.1368	Priority creditor's name and mailing address THOMAS, D'NAIJA 405A VILLANOVA RD GLASSBORO, NJ 8028 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1369	Priority creditor's name and mailing address THOMAS, HEATHER 1925 E. THAYER ST PHILADELPHIA, PA 19134 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,226.00 \$2,226.00
2.1370	Priority creditor's name and mailing address THOMAS, HEATHER 1925 E. THAYER ST PHILADELPHIA, PA 19134 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.59 \$260.59
2.1371	Priority creditor's name and mailing address THOMPSON, HAZEL 427 MOORE BLVD CLAYTON, NJ 8312 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$384.64 \$384.64

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.1372	Priority creditor's name and mailing address THOMPSON, HAZEL 427 MOORE BLVD CLAYTON, NJ 08312 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$418.65 \$418.65
2.1373	Priority creditor's name and mailing address THOMPSON, TASHONNA 22 DALE AVENUE APT F4 PATERSON, NJ 7505 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$901.91 \$901.91
2.1374	Priority creditor's name and mailing address THOMPSON, TASHONNA 22 DALE AVENUE APT F4 PATERSON, NJ 07505 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$338.80 \$338.80
2.1375	Priority creditor's name and mailing address TIMMINS, REBECCA 30A GLENWOOD DRIVE OLD BRIDGE, NJ 8857 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00 \$2,100.00

Debtor Name **Joyce Leslie, Inc.**

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		Total claim	Priority amount
2.1380	Priority creditor's name and mailing address TOMAZIEFSKI, LORETTA 1043 MAPLE AVE ATCO, NJ 08004 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$803.59 \$803.59
2.1381	Priority creditor's name and mailing address TOMPKINS, ZARYA 1624 ABBEY ROAD CHERRY HILL, NJ 8003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.05 \$323.05
2.1382	Priority creditor's name and mailing address TOMPKINS, ZARYA 1624 ABBEY ROAD CHERRY HILL, NJ 08003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.50 \$108.50
2.1383	Priority creditor's name and mailing address TOORI, SABIHA 7337 MILLER AVENUE UPPER DARBY, PA 19082 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00 \$2,800.00

Total claim	Priority amount
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Total claim	Priority amount
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		Total claim	Priority amount
2.1400	Priority creditor's name and mailing address TRIANO, ISABELLA P.O. BOX 1823 YONKERS, NY 10704 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.26 \$80.26
2.1401	Priority creditor's name and mailing address TRUMBULL, CT TAX COLLECTOR P.O. BOX 110326 TRUMBULL, CT 06611-0326 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REAL ESTATE TAX STORE # 23 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.08 \$29.08
2.1402	Priority creditor's name and mailing address TSCHEBOTAREW, ALEXANDRA 515 MULLICA HILL RD #A118 GLASSBORO, NJ 8028 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640.11 \$640.11
2.1403	Priority creditor's name and mailing address TSCHEBOTAREW, ALEXANDRA 515 MULLICA HILL RD #A118 GLASSBORO, NJ 08028 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278.64 \$278.64

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		Total claim	Priority amount
2.1404	Priority creditor's name and mailing address TURNER, SHONDANETTE 1502 DUTCH BROADWAY ELMONT, NY 11003 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1405	Priority creditor's name and mailing address TZARAS, EKATERINI 287 PARK TERRACE SOUTH EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.95 \$518.95
2.1406	Priority creditor's name and mailing address TZARAS, EKATERINI 287 PARK TERRACE SOUTH EAST MEADOW, NY 11554 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.69 \$103.69
2.1407	Priority creditor's name and mailing address UMANZOR, ALICIA 35 CLYDE POTTS COURT MORRISTOWN, NJ 7960 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226.78 \$226.78

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			Total claim	Priority amount
2.1412	Priority creditor's name and mailing address VALDERRAMA, MARIA 53 FRANK ST #3 STAMFORD, CT 06902 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.42	\$243.42
2.1413	Priority creditor's name and mailing address VALDIVIA MIRANDA DE LOPEZ, ROSA 86 FRANKLIN AVE 1ST FLOOR NEW ROCHELLE, NY 10805 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$499.50	\$499.50
2.1414	Priority creditor's name and mailing address VALERA ACERO, ABIGAIL 53 WISNER AVE MIDDLETOWN, NY 10940 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.32	\$148.32
2.1415	Priority creditor's name and mailing address VAN SCOY, AMBER 434 ST LOUIS AVE EGG HARBOR CITY, NJ 8215 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$572.65	\$572.65

Total claim	Priority amount
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			Total claim	Priority amount
2.1420	Priority creditor's name and mailing address VELAZQUEZ, DAJAH 350 BLACKWOOD CLM RD PINEHILL, NJ 08021	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$187.85	\$187.85
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1421	Priority creditor's name and mailing address VELIZ, DEISY 135 RICHMOMD ST BROOKLYN, NY 11208	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$651.37	\$651.37
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1422	Priority creditor's name and mailing address VELIZ, DEISY 135 RICHMOMD ST BROOKLYN, NY 11208	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22.66	\$22.66
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1423	Priority creditor's name and mailing address VERDIN, MARIANA 50A NEPPERHAM AVE ELMSFORD, NY 10523	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,643.75	\$2,643.75
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.1428	Priority creditor's name and mailing address VESKOV, MARIA 238 TOTOWA ROAD TOTOWA, NJ 07512 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.88 \$66.88
2.1429	Priority creditor's name and mailing address VILLANUEVA, AILEEN 100 PROSPECT AVE APT# 1 BAYONNE, NJ 7002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$612.24 \$612.24
2.1430	Priority creditor's name and mailing address VILLANUEVA, AILEEN 100 PROSPECT AVE APT# 1 BAYONNE, NJ 07002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.11 \$222.11
2.1431	Priority creditor's name and mailing address VILLAVICENCIO, NICOLE 478 BROADWAY APT 3 BAYONNE, NJ 7002 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.06 \$115.06

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			Total claim	Priority amount
2.1432	Priority creditor's name and mailing address VINCENT, TAQUILLA 848 E. 57TH ST BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.26	\$727.26
2.1433	Priority creditor's name and mailing address VINCENT, TAQUILLA 848 E. 57TH ST BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$238.28	\$238.28
2.1434	Priority creditor's name and mailing address VINCULADO, FERNANDO 785 CHASE AVENUE LYNDHURST, NJ 7071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.76	\$188.76
2.1435	Priority creditor's name and mailing address VINCULADO, FERNANDO 785 CHASE AVENUE LYNDHURST, NJ 07071 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.55	\$209.55

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			Total claim	Priority amount
2.1436	Priority creditor's name and mailing address VIRATA, LUNINGNING 83 WEST 47TH STREET 2ND FLOOR BAYONNE, NJ 7002	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,480.00	\$3,480.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1437	Priority creditor's name and mailing address VIRATA, LUNINGNING 83 WEST 47TH STREET 2ND FLOOR BAYONNE, NJ 07002	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$721.99	\$721.99
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1438	Priority creditor's name and mailing address VIVIAN, EDWARD 185 PROSPECT AVE APT 2D HACKENSACK, NJ 7601	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,846.09	\$4,846.09
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1439	Priority creditor's name and mailing address VIVIAN, EDWARD 185 PROSPECT AVE APT 2D HACKENSACK, NJ 07601	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$337.47	\$337.47
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

Total claim	Priority amount
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Total claim	Priority amount
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Total claim	Priority amount
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Total claim	Priority amount
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		Total claim	Priority amount
2.1488	Priority creditor's name and mailing address WILLIAMS, TERRI 1028 PARK AVE HUNTINGTON, NY 11743 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.67 \$49.67
2.1489	Priority creditor's name and mailing address WILMORE(ON DIS), KRISTINE 119 CROW POND ROAD PITTSBORO, NJ 08188 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,346.16 \$1,346.16
2.1490	Priority creditor's name and mailing address WILMOT, SELENA 12 HIGHVIEW DR MIDDLETOWN, NY 10941 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$614.22 \$614.22
2.1491	Priority creditor's name and mailing address WILMOT, SELENA 12 HIGHVIEW DR MIDDLETOWN, NY 10941 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.52 \$188.52

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			Total claim	Priority amount
2.1496	Priority creditor's name and mailing address WILSON, RONISHA 105 HILLSIDE AVE MT. VERNON, NY 10553 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$531.18	\$531.18
2.1497	Priority creditor's name and mailing address WILSON, RONISHA 105 HILLSIDE AVE MT. VERNON, NY 10553 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.94	\$258.94
2.1498	Priority creditor's name and mailing address WILTSHIRE, DARRYL 56 NORTH OXFORD WALK APT 9B BROOKLYN, NY 11205 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$282.81	\$282.81
2.1499	Priority creditor's name and mailing address WILTSHIRE, DARRYL 56 NORTH OXFORD WALK APT 9B BROOKLYN, NY 11205 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.01	\$525.01

Part 1: Additional Page

			Total claim	Priority amount
2.1500	Priority creditor's name and mailing address WINDROW, WILLIAM 28 REHOBOTH RD FLANDERS, NJ 7836	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,100.00	\$2,100.00
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1501	Priority creditor's name and mailing address WINDROW, WILLIAM 28 REHOBOTH RD FLANDERS, NJ 07836	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$452.23	\$452.23
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1502	Priority creditor's name and mailing address WINTERS, JADA 345 WESTCHESTER AVE WEST BABYLON, NY 11704	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.37	\$80.37
	Date or dates debt was incurred	Basis for the claim: EMPLOYEE WAGES, SALARIES		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			
2.1503	Priority creditor's name and mailing address WINTERS, JADA 345 WESTCHESTER AVE WEST BABYLON, NY 11704	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25.92	\$25.92
	Date or dates debt was incurred	Basis for the claim: OUTSTANDING PAYROLL CHECKS		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()			

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		Total claim	Priority amount
2.1504	Priority creditor's name and mailing address WOLF, NICOLE 79 VILLAGE DRIVE BARNEGAT, NJ 8005 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.84 \$478.84
2.1505	Priority creditor's name and mailing address WOLF, NICOLE 79 VILLAGE DRIVE BARNEGAT, NJ 08005 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.80 \$153.80
2.1506	Priority creditor's name and mailing address WOODFIELD, KATHY 84-1B WINDING WOOD DRIVE SAYREVILLE, NJ 8872 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00 \$3,400.00
2.1507	Priority creditor's name and mailing address WOODFIELD, KATHY 84-1B WINDING WOOD DRIVE SAYREVILLE, NJ 08872 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$704.83 \$704.83

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		Total claim	Priority amount
2.1508	Priority creditor's name and mailing address WORTHINGTON, REGAN 43 HILLIARD AVE CENTRAL ISLIP, NY 11722 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00 \$3,200.00
2.1509	Priority creditor's name and mailing address WORTHINGTON, REGAN 43 HILLIARD AVE CENTRAL ISLIP, NY 11722 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$821.26 \$821.26
2.1510	Priority creditor's name and mailing address WRIGHT, CHASITY 1458 EAST-MAIN STREET BRIDGEPORT, CT 6608 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1511	Priority creditor's name and mailing address WRIGHT, LATORA 236 EAST 28TH ST APT 4B PATERSON, NJ 7514 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.86 \$378.86

Part 1: Additional Page

		Total claim	Priority amount
2.1516	Priority creditor's name and mailing address YEANAY, CHRISTOLINE 6832 SYLVESTER STREET PHILADELPHIA, PA 19149 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$511.65 \$511.65
2.1517	Priority creditor's name and mailing address YEANAY, CHRISTOLINE 6832 SYLVESTER STREET PHILADELPHIA, PA 19149 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.61 \$119.61
2.1518	Priority creditor's name and mailing address YEKEL, NICOLE 63 MONMOUTH AVE MIDDLETOWN, NJ 7748 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.21 \$127.21
2.1519	Priority creditor's name and mailing address YEKEL, NICOLE 63 MONMOUTH AVE MIDDLETOWN, NJ 07748 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.78 \$65.78

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		Total claim	Priority amount
2.1520	Priority creditor's name and mailing address YU, XUEYING 58-44 136TH ST FLUSHING, NY 11355 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1521	Priority creditor's name and mailing address ZAYAS, KARY 229 BENJAMIN ST TOMS RIVER, NJ 8755 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: EMPLOYEE WAGES, SALARIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.1522	Priority creditor's name and mailing address ZAYAS, KARY 229 BENJAMIN ST TOMS RIVER, NJ 08755 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.36 \$74.36
2.1523	Priority creditor's name and mailing address ZAYAS, KARY 229 BENJAMIN ST TOMS RIVER, NJ 08755 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.11 \$99.11

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		Total claim	Priority amount
2.1528	Priority creditor's name and mailing address ZIEGLER, ALEXANDREA 33 CENTRE ST HADDENFIELD, NJ 08033 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: OUTSTANDING PAYROLL CHECKS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.07 \$59.07

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Case number (if known): 16-22035

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 26 INTERNATIONAL 1500 S.GRIFFITH AVENUE LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$22,387.07 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address 3724 MAIN ST. OWNERS, LLC 29 GREENHAVEN ROAD RYE, NY 10580 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,441.94 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address A-3 DESIGN 1015 S.CROCKER ST. UNIT #R-22 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$71,396.75 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address ACKRIK ASSOCIATES C/O IRWIN ACKERMAN 187 MILLBURN AVE.SUITE #6 MILLBURN, NJ 7041 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,308.91 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.5	Nonpriority creditor's name and mailing address ADARA CLOTHING, INC. 800 E 12TH STREET STE 333 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,403.84
3.6	Nonpriority creditor's name and mailing address AFA PROTECTIVE SYSTEMS 155 MICHAEL DRIVE SYOSSET, NY 11791 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,719.13
3.7	Nonpriority creditor's name and mailing address AGAIN TRADING CORP. 1239 BROADWAY 12TH FLOOR NEW YORK, NY 10001 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,941.65
3.8	Nonpriority creditor's name and mailing address AIRPORT PLAZA, LLC. PO BOX 6203 DEPT CODE:SNYF1363A HICKSVILLE, NY 11802-6203 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,840.34

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.9	Nonpriority creditor's name and mailing address AJG ENTERPRISES, LLC 1105 ARCADIAN WAY FORT LEE, NJ 7024 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,612.73
3.10	Nonpriority creditor's name and mailing address ALLEN ALEXANDER 5225 POOKS HILL RD APT.1422-SOUTH BETHESDA, MD 20814 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.94
3.11	Nonpriority creditor's name and mailing address ALMONESSON ASSOC II LLC 350 SENTRY PKWY, BLDG 630 SUITE 300 BLUE BELL, PA 19422 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,057.50
3.12	Nonpriority creditor's name and mailing address ALMOST FAMOUS YOUNIQUE BRAND 270 W.38TH ST. 19TH FLOOR NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,191.61

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.13	Nonpriority creditor's name and mailing address ALPAP, LLC RAG THERAPY 6 FOXBORO LANE OLD BROOKVILLE, NY 11545 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,215.90
3.14	Nonpriority creditor's name and mailing address ALPHA GLASS SYSTEMS LLC 827 RIDGEWOOD AVE NORTH BRUNSWICK, NJ 8902 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,552.57
3.15	Nonpriority creditor's name and mailing address AMERICAN AGE INC. MISS THING 800 E.12TH ST. #112 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,405.37
3.16	Nonpriority creditor's name and mailing address AMERICAN ATTITUDE DIV. KNITWORK PRODUCTION 1410 BROADWAY 24 TH FLOOR NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88,821.39

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.17	Nonpriority creditor's name and mailing address AMERICAN BEST LOCKSMITH 10871 BUSTLETON AVENUE SUITE 177 PHILADELPHIA,, PA 19116 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.18	Nonpriority creditor's name and mailing address AMERICAN HANGER & FIXTURE CORP. 687 LEHIGH AVENUE UNION,, NJ 07083-7625 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,628.02
3.19	Nonpriority creditor's name and mailing address AMERICAN PAPER & SUPPLY CO PO BOX 346 CARLSTADT, NJ 7072 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$609.34
3.20	Nonpriority creditor's name and mailing address AMERICAN WATER & ENERGY RESIDENT ID 194310 4431 NORTH DIXIE HIGHWAY BOCA RATON, FL 33431 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.14

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.21	Nonpriority creditor's name and mailing address AMICI ACCESSORIES LTD. 39 WEST 37TH STREET 2ND FLOOR NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$49,820.51 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address AMSTER & ROSENSWEIG 33 HARRISON AVE. P.O. BOX 1 WALDWICK, NJ 7463 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$390.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address ANAMA ANM CLOTHING LLC 784 E.12TH STREET LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$12,568.57 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address ANM LLC 784 E 12TH ST LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$5,854.65 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.25	Nonpriority creditor's name and mailing address APOLLO APPAREL GROUP LLC FIRST KISS 1407 BROADWAY SUITE #2000 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,497.65
3.26	Nonpriority creditor's name and mailing address APTOS INC. (FORM.CRS RETAIL/EPICOR) 15 GOVERNOR DRIVE NEWBURGH, NY 12250-8337 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.86
3.27	Nonpriority creditor's name and mailing address ARISTA AIR CONDITIONING 38-26 TENTH STREET LONG ISLAND CITY, NY 11101 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,435.69
3.28	Nonpriority creditor's name and mailing address ASTORIA HOLDING CORP 2181 RALPH AVENUE BROOKLYN, NY 11234 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,092.68

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.29	Nonpriority creditor's name and mailing address ATLANTIC CITY #67 A/C# 5500 0759 583 PO BOX 13610 PHILADELPHIA, PA 19101 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,588.06
3.30	Nonpriority creditor's name and mailing address ATLANTIC CITY ELEC. #27 A/C# 500 0759 930 PO BOX 13610 PHILADELPHIA, PA 19101 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,144.60
3.31	Nonpriority creditor's name and mailing address ATLANTIC TOMORROWS OFFICE GPO PO BOX 26200 NEW YORK, NY 10087-6200 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$708.88
3.32	Nonpriority creditor's name and mailing address ATLAS PEST CONTROL P.O. BOX 63 GILLETTE, NJ 7933 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.02

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.33	Nonpriority creditor's name and mailing address AVR-PORTCHESTER, LLC. PO BOX 8000 DEPARTMENT 969 BUFFALO, NY 14267 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,082.76
3.34	Nonpriority creditor's name and mailing address BAILEY BLUE, LLC 1850 E.15TH STREET UNIT B LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,398.10
3.35	Nonpriority creditor's name and mailing address BAY RIDGE CLEANING CNTRCT PO BOX 280053 DYKER HEIGHTS STA., NY 11228-0021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.66
3.36	Nonpriority creditor's name and mailing address BBC APPAREL/JOU JOU 1407 BROADWAY NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,403.96

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.37	Nonpriority creditor's name and mailing address BE MINE NYC INC. 10 W.33RD STREET ROOM 515 NEW YORK, NY 10001 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$45,427.71 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address BECOL IMPORT&EXPORT INC 20793 E VALLEY BLVD WALNUT, CA 91789 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,674.88 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address BELGRADE & THOMPSONS ASSOCIATES,LP TWO BALA PLAZA, STE 526 BALA CYNWYD, PA 19004 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$6,261.38 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address BENDERSON WAINBERG ASSOC. DEPT# 592004W44201 PO BOX 73612 CLEVELAND, OH 44193 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$5,413.66 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.41	Nonpriority creditor's name and mailing address BERNICE JAMPOL 108-49 WHITE ASPEN LANE BOCA RATON,, FL 33428 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.47
3.42	Nonpriority creditor's name and mailing address BEST SECURITY INDUSTRIES 755 NW 17TH AVENUE SUITE 101 DELRAY BEACH, FL 33445 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,185.23
3.43	Nonpriority creditor's name and mailing address BETTER SECURITY 1158 PATERSON PLANK RD SECAUCUS, NJ 7094 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,112.81
3.44	Nonpriority creditor's name and mailing address BLVD 1130 S CROCKER ST LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,193.90

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.45	Nonpriority creditor's name and mailing address BOROUGH OF GLASSBORO HEALTH AND HOUSING DEPT. 1 SOUTH MAIN STREET GLASSBORO, NJ 08028-2592 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$10.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address BPM DESIGNS, LLC PO BOX 215 KENILWORTH, NJ 7033 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$377.18 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address BRICKTOWN UE LLC C/O HACKENSACK UE LLC PO BOX 416556 BOSTON, MA 02241-6556 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$22,147.03 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	Nonpriority creditor's name and mailing address BRINKS US 555 DIVIDEND DRIVE ACCT:9999527680 COPPELL, TX 75019 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$5,713.22 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.49 Nonpriority creditor's name and mailing address**BRIXMOR MALL OWNER LLC
C/O BRIXMOR PROPERTY GRP
PO BOX 74285
CLEVELAND, OH 44194-4285**As of the petition filing date, the claim is:****\$1,707.50**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.50 Nonpriority creditor's name and mailing addressBRIXMOR MIDDLETOWN PLAZA
C/O BRIXMOR PROPERTY GRP
PO BOX 74234
CLEVELAND, OH 44194-4234**As of the petition filing date, the claim is:****\$5,088.77**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.51 Nonpriority creditor's name and mailing addressBRIXMOR ROOSEVELT MALL
C/O BRIXMOR PROPERTY GRP
PO BOX 74285
CLEVELAND, OH 44194-4285**As of the petition filing date, the claim is:****\$16,223.71**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.52 Nonpriority creditor's name and mailing addressBROADWAY SUN BEN TRADING
DBA ACCESSORY LEADERS
821 6TH AVE, 2ND FLOOR
NEW YORK, NY 10001**As of the petition filing date, the claim is:****\$13,307.25**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.53	Nonpriority creditor's name and mailing address BROOKAIRE COMPANY 1 KERO ROAD CARLSTADT, NJ 7072 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$167.98 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address BUZZ JEANS 1407 BROADWAY SUITE #1901 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,551.36 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	Nonpriority creditor's name and mailing address C & H 1350 ASSOC. LLC C/O COLLIERS INTL LI MGMT 114 OLD COUNTRY RD #LL2 MINEOLA,, NY 11501 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,714.16 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address C0N EDISON #79 52-2618-0290-1201-8 JAF STATION PO BOX 1702 NEW YORK, NY 10115-1702 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$466.50 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.57	Nonpriority creditor's name and mailing address CALDWELL TRUST CO AND HARVEY SCHWAID,COTRUSTEES 1561 MAIN ST SARASOTA, FL 34236	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$83.47
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address CANON SOLUTIONS AMERICA 15004 COLLECTIONS CTR DR CHICAGO, IL 60693	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$117.19
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address CAPELLI OF NY GMA ACCESSORIES 3 EMPIRE BLVD SO.HACKENSACK, NJ 7606	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$7,948.40
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address CARD SYSTEM TECHNOLOGIES 2012A MORRIS AVE. UNION, NJ 07083-6014	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$179.20
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.61	Nonpriority creditor's name and mailing address CAROL FOR EVA GRAHAM, INC 366 FIFTH AVENUE SUITE # 815 NEW YORK, NY 10001 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,413.55 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address CASHSCAN CORP 1013 EAST 35TH STREET BROOKLYN, NY 11210 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$403.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address CASSIDY TURLEY, JPMORGAN CHASE & LILLIAN SCHWAID 721 EMERSON, STE 333 ST LOUIS, MO 63141 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$83.47 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address CERIDIAN CORPORATION EMPLOYER SERVICES P.O. BOX 10989 NEWARK, NJ 07193-0989 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,584.85 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.65	Nonpriority creditor's name and mailing address CHATEAU INTERNATIONAL INC 188 WHITMAN AVENUE EDISON, NJ 8817 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$644.00
3.66	Nonpriority creditor's name and mailing address CITRIN COOPERMAN 529 FIFTH AVENUE NEW YORK,, NY 10017 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,741.95
3.67	Nonpriority creditor's name and mailing address COCOMO CONNECTION 22 WEST 38TH STREET 9TH FLOOR NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,623.95
3.68	Nonpriority creditor's name and mailing address COFFEE LOVERS COFFEE SER. 1275 BLOOMFIELD AVENUE FAIRFIELD, NJ 7004 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.85

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.69	Nonpriority creditor's name and mailing address COMMERCIAL AIR SERVICES 244 FOXON ROAD (RTE 80) NORTH BRANFORD, CT 6471 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$319.05
3.70	Nonpriority creditor's name and mailing address COMMERCIAL COOLING SERVICE, INC 225 49TH STREET BROOKLYN, NY 11220 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,964.11
3.71	Nonpriority creditor's name and mailing address CON EDISON #19 #54-4701-0251-0005-4 JAF STATION PO BOX 1702 NEW YORK, NY 10116-1702 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$987.87
3.72	Nonpriority creditor's name and mailing address CON EDISON #19 #54-4701-0274-5004-4 JAF BUILDING-PO BOX 1701 NEW YORK, NY 10116-1701 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$744.93

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.73	Nonpriority creditor's name and mailing address CON EDISON #26 AC#55-5857-4345-0000-7 JAF STATION, PO BOX 1702 NEW YORK, NY 10116-1702 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,414.27 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address CON EDISON #33 #65 5809 2177 0505 4 JAF STATION-PO BOX 1701 NEW YORK, NY 10116-1701 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$947.74 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address CON EDISON #33 65 5809 2177 0700 1 JAF STATION- PO BOX 1701 NEW YORK,, NY 10116-1701 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$561.68 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address CON EDISON #41 A/C# 67-7334-1163-0002-6 JAF STATION- PO BOX 1701 NEW YORK, NY 10116-1701 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$317.17 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.77	Nonpriority creditor's name and mailing address CON EDISON #41 A/C # 67-7334-1142-0006-1 JAF BLDG- PO BOX 1701 NEW YORK, NY 10116-1701 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$460.24 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address CON EDISON #79 #52-2618-0268-0501-8 JAF STATION PO BOX 1702 NEW YORK, NY 10116-1702 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$634.65 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address CON EDISON #82 #23-3638-6455-0000-6 JAF STATION-PO BOX 1701 NEW YORK, NY 10116-1701 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$872.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address CON EDISON #87 A/C#21-1426-0579-0408-0 JAF BLDG- PO BOX 1701 NEW YORK, NY 10116-1701 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$751.84 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.81	Nonpriority creditor's name and mailing address CON EDISON SOLUTIONS ACCT #520095 PO BOX 223246 PITTSBURGH, PA 15251-2246 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$2,950.25 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address CONEDISON SOLUTIONS ACCT# 567683 PO BOX 223246 PITTSBURGH, PA 15251-2246 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$2,225.09 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address CONEDISON SOLUTIONS #39 AC# 567682 PO BOX 223246 PITTSBURGH, PA 15251-2246 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$941.28 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address CONTROL SPEC ELECTRICAL SYSTEMS, INC. 30-60 REVIEW AVE LONG ISLAND CITY, NY 11101 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$614.05 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.85	Nonpriority creditor's name and mailing address COOLRITE, INC AIR CONDITIONING& HEATING 425 HULMEVILLE AVENUE PENNDEL, PA 19047 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,493.44 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address COOPERATIVE COMM., INC. ATTN:ACCTS.RECEIVABLE PO BOX 903 BELLEVILLE,, NJ 07109-0903 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$5,704.59 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87	Nonpriority creditor's name and mailing address CORPORATE SERVICES CONSULTANTS, LLC. P.O. BOX 1048 DANDRIDGE, TN 37725 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$290.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88	Nonpriority creditor's name and mailing address CROWN EQUIPMENT CORP PO BOX 641173 CINCINNATI, OH 45264-1173 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$288.90 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.89	Nonpriority creditor's name and mailing address DANBEE, INC. 3360 E.PICO BLVD LOS ANGELES, CA 90023 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,458.30
3.90	Nonpriority creditor's name and mailing address DAVID ANDREW CORPORATION 170 W. COMMERCIAL AVENUE MOONACHIE, NJ 07074 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$519,187.50
3.91	Nonpriority creditor's name and mailing address DEBUT 1015 S. CROCKER STREET #Q14 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,816.50
3.92	Nonpriority creditor's name and mailing address DELAWARE 1851 ASSOC., LP C/O RIOCAN(AMERICAN)MGMENT 307 FELLOWSHIP RD STE 116 MOUNT LAUREL, NJ 8054 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,482.99

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.93	Nonpriority creditor's name and mailing address DM MERCHANDISING INC. 835 N.CHURCH COURT ELMHURST, IL 60126 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$50,722.58 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address DMX MUSIC A/C #104249/#106111 PO BOX 602777 CHARLOTTE, NC 28260-2777 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,954.66 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address DREAM STYLE INC. 1113 N.MCKINLEY AVENUE LOS ANGELES, CA 90059 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$7,807.23 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address DREAMWEAR INC. 183 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$9,812.75 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.97	Nonpriority creditor's name and mailing address DUCT MATE, INC. 190 LEXINGTON AVE, HACKENSACK, NJ 7601	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$1,773.14
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	Nonpriority creditor's name and mailing address DULCE CAROLA 1016 S TOWNE AVE #112 LOS ANGELES, CA 90021	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$17,548.99
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	Nonpriority creditor's name and mailing address E.J.S ELECTRIC, LLC P.O.BOX 275 N.HAVEN,, CT 6473	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$593.57
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	Nonpriority creditor's name and mailing address E.SAM JONES DIST. INC. P.O. BOX 536794 ATLANTA, GA 30353-6794	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$1,391.75
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.101 Nonpriority creditor's name and mailing address**EAGLE AIR CONDITIONING
16 SHERMAN AVENUE
WHITE PLAINS, NY 10605**As of the petition filing date, the claim is:****\$1,051.64**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.102 Nonpriority creditor's name and mailing addressEAGLE HOME PRODUCTS
ONE ARNOLD DRIVE
HUNTINGTON, NY 11743**As of the petition filing date, the claim is:****\$31,243.17**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.103 Nonpriority creditor's name and mailing addressEAST BRUNSWICK UE LLC
C/O HACKENSACK UE LLC
PO BOX 416556
BOSTON, MA 02241-6556**As of the petition filing date, the claim is:****\$14,411.35**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.104 Nonpriority creditor's name and mailing addressEAST CEDARBOOK PLAZA LLC
PO BOX 823681
PHILADELPHIA, PA 19182-3681**As of the petition filing date, the claim is:****\$28,134.33**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.105	Nonpriority creditor's name and mailing address EAST CEDARBROOK PLAZA LLC PO BOX 823681 PHILADELPHIA, PA 19182-3681 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,024.41 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address EASTERN SECURITY CORP. 120 BROADWAY 36TH FLOOR NEW YORK,, NY 10271 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$7,198.86 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address EDGEWATER RETAIL PTRS LLC SNJE1375A-LJOYCLE00 PO BOX 6203 HICKSVILLE, NY 11802-6203 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$7,477.35 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address EHL IMPORTS 501 EAST 89TH STREET BROOKLYN, NY 11236 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$26,305.50 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.109 Nonpriority creditor's name and mailing address**EHRlich PEST CONTROL
P.O. BOX 13848
READING, PA 19612-3848**As of the petition filing date, the claim is:****\$95.16**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.110 Nonpriority creditor's name and mailing addressEMERALD SUNDAE
WILD HORSES APPAREL, LLC
4433 PACIFIC BLVD
VERNON, CA 90058**As of the petition filing date, the claim is:****\$5,672.84**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.111 Nonpriority creditor's name and mailing addressENCHANTE' ACCESSORIES
EDWARD JAY ACCESSORIES
16 E.34TH ST., 16TH FLOOR
NEW YORK, NY 10016**As of the petition filing date, the claim is:****\$30,612.55**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.112 Nonpriority creditor's name and mailing addressENTICING LINGERIE
P.O. BOX 230224
GRAVESEND STATION
BROOKLYN, NY 11223**As of the petition filing date, the claim is:****\$4,550.59**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.113	Nonpriority creditor's name and mailing address ENTRY DBA ALT.B 766 E 12TH STREET# C LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$31,974.18 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address ESTATE OF LEE BRENNER C/O FRANCESCA BRENNER 5029 WESTWOOD BLVD CULVER CITY, CA 90230 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$166.94 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address EVOLUTIONARY APPAREL INC. 9420 TELSTAR AVENUE SUITE #201 EL MONTE, CA 91731 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$7,246.34 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address EXCELL BRANDS LLC 3 INDEPENDENCE WAY SUITE 114 PRINCETON, NJ 8540 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$8,401.87 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.117 Nonpriority creditor's name and mailing addressFANTASIA ACCESSORIES LTD
31 WEST 34TH STREET
SUITE 501
NEW YORK, NY 10001

As of the petition filing date, the claim is:

\$3,655.77

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.118 Nonpriority creditor's name and mailing addressFASHION AVENUE KNITS, INC
525 7TH AVENUE
4TH FLOOR
NEW YORK, NY 10018

As of the petition filing date, the claim is:

\$77,523.25

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.119 Nonpriority creditor's name and mailing addressFASHION WILDCAT
164 W.JEFFERSON BLVD.
LOS ANGELES, CA 90007

As of the petition filing date, the claim is:

\$22,575.01

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.120 Nonpriority creditor's name and mailing addressFEDERAL EXPRESS CORP.
A/C # 1006-2863-5
P.O. BOX 371461
PITTSBURGH, PA 15250-7461

As of the petition filing date, the claim is:

\$732.20

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.121 Nonpriority creditor's name and mailing addressFEIMANN GROUP INC
15333 CULVER DRIVE
UNIT 340/325
IRVINE, CA 92604

As of the petition filing date, the claim is:

\$7,334.20

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.122 Nonpriority creditor's name and mailing addressFINESSE NOVELTY CORP.
2 CHANNEL DRIVE
SUITE 200 - 2ND FLOOR
PORT WASHINGTON, NY 11050

As of the petition filing date, the claim is:

\$2,628.65

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.123 Nonpriority creditor's name and mailing addressFRAGRANCE ACQUISITIONS
DBA PREFERRED FRAGRANCE
1900 CORPORATE BLVD
NEWBURGH, NY 12550

As of the petition filing date, the claim is:

\$15,671.05

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.124 Nonpriority creditor's name and mailing addressFREEPORT ELECTRIC
ACCT # 02-1340-009
46 N. OCEAN AVENUE
FREEPORT, NY 11520

As of the petition filing date, the claim is:

\$981.19

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.125 Nonpriority creditor's name and mailing address

FREEZE
A DIV. OF CENTRAL MILLS
473 RIDGE ROAD
DAYTON, NJ 8810

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$27,576.58

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.126 Nonpriority creditor's name and mailing address

FRONTIER
845-344-455-100402-4
P.O. BOX 20550
ROCHESTER,, NY 14602-0550

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$133.98

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.127 Nonpriority creditor's name and mailing address

FURMAN FEINER ADVERTISING
801 SECOND AVE
NEW YORK, NY 10017

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$999.43

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.128 Nonpriority creditor's name and mailing address

G&H TEXTILES TRADING INC.
1988 CAMFIELD AVENUE
COMMERCE, CA 90040

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,542.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.129 Nonpriority creditor's name and mailing address**GARDEN STATE WASTE MGMT
P.O. BOX 362
WHARTON, NJ 7885**As of the petition filing date, the claim is:****\$180.25**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.130 Nonpriority creditor's name and mailing addressGARRISON PROTECTIVE SERV.
C/O MERCHANT
P.O. BOX 716 MIDTOWN STAT
NEW YORK, NY 10018**As of the petition filing date, the claim is:****\$1,148.72**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.131 Nonpriority creditor's name and mailing addressGARY LA PELUSA
P.O. BOX 966
BAYONNE,, NJ 07002-0966**As of the petition filing date, the claim is:****\$101.65**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.132 Nonpriority creditor's name and mailing addressGAZE U.S.A.
1665 MATEO STREET
1ST FLOOR
LOS ANGELES, CA 90021**As of the petition filing date, the claim is:****\$134,875.18**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.133 Nonpriority creditor's name and mailing address

GEORGETOWN CTR BROOKLYN
SHOLOM & ZUCKERBROT RLTY
35-11 35TH AVENUE
LONG ISLAND CITY, NY 11106

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$35,076.35

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.134 Nonpriority creditor's name and mailing address

GEWIRTZ ASSET PARTNERS
C/O JOYCE LESLIE, INC
170 WEST COMMERCIAL AVE
MOONACHIE, NJ 7074

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$415,969.11

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.135 Nonpriority creditor's name and mailing address

GINA GROUP LLC
10 WEST 33RD STREET
3RD FLOOR
NEW YORK, NY 10001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$36,539.86

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.136 Nonpriority creditor's name and mailing address

GLEN COVE ROAD
REALTY ASSOCIATES, LLC.
P.O. BOX 1026
MELVILLE, NY 11747

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$33,981.86

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.137	Nonpriority creditor's name and mailing address GLOBAL COMPUTER SUPPLIES ACCT#0090536889 PO BOX 935308 ATLANTA, GA 31193-5308 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,327.44 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138	Nonpriority creditor's name and mailing address GOGO JEANS INC. 1407 BROADWAY SUITE # 1016 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,595.30 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	Nonpriority creditor's name and mailing address GOLD ELECTRIC, INC. 352 SECOND STREET PIKE UNIT #310 SOUTHAMPTON, PA 18966 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$577.50 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address GOLDBRUN REALTY LLC 1056 E.7TH STREET BROOKLYN, NY 11230 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,727.70 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.141	Nonpriority creditor's name and mailing address GOLDEN TOO 1410 BROADWAY NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$107,180.35 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	Nonpriority creditor's name and mailing address GREENLAWN WATER DISTRICT 45 RAILROAD STREET GREENLAWN, NY 11740-1217 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$10.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	Nonpriority creditor's name and mailing address H.B.C. ELECTRIC, INC. 306 CHESTNUT STREET P.O. BOX 7155 ROSELLE, NJ 7203 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$2,352.40 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address HAGEMAN ROOFING 16 INDUSTRIAL AVENUE RIDGEFIELD PARK,, NJ 7660 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,492.65 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.145 Nonpriority creditor's name and mailing address**HALLOWEEN RESOURCE CENTER
1100 S COLUMBUS BLVD
PHILADELPHIA, PA 19147**As of the petition filing date, the claim is:****\$28,111.70**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.146 Nonpriority creditor's name and mailing addressHAVE FASHION, INC.
3360 E.PICO BLVD
LOS ANGELES, CA 90023**As of the petition filing date, the claim is:****\$37,407.27**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.147 Nonpriority creditor's name and mailing addressHI TECH AUTO BODY
229 S.VAN BRUNDT AVENUE
ENGLEWOOD,, NJ 7631**As of the petition filing date, the claim is:****\$722.25**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.148 Nonpriority creditor's name and mailing addressHOT STEPS INC
236 5TH AVENUE
3RD FLOOR
NEW YORK, NY 10001**As of the petition filing date, the claim is:****\$83,329.53**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.149 Nonpriority creditor's name and mailing address**HUB SIGN & LIGHTING
67 WOOD AVENUE
MANALAPAN, NJ 7726**As of the petition filing date, the claim is:****\$1,965.91**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.150 Nonpriority creditor's name and mailing addressHUTCH TARRYTOWN LLC
C/O CENTER MANAGEMENT LLC
1250 WATERS PLACE PH 1
BRONX, NY 10461**As of the petition filing date, the claim is:****\$14,852.97**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.151 Nonpriority creditor's name and mailing addressI JOAH
1100 S SAN PEDRO STREET
#A7
LOS ANGELES, CA 90015**As of the petition filing date, the claim is:****\$3,377.73**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.152 Nonpriority creditor's name and mailing addressIBM/TOSHIBA GCS
PO BOX 644938
PITTSBURGH, PA 15264-4938**As of the petition filing date, the claim is:****\$3,114.95**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.153 Nonpriority creditor's name and mailing address**INC. VILLAGE OF FREEPORT
ACCT# 36-1776-300
46 N.OCEAN AVE.
FREEPORT, NY 11520-3094

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$43.16**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.154 Nonpriority creditor's name and mailing addressINDIAN HEAD PLAZA ASSOC.
C/O JK MANAGEMENT LLC
1051 BLOOMFIELD AVE.
CLIFTON, NJ 7012

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$5,065.38**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.155 Nonpriority creditor's name and mailing addressINMOD, INC.
VERTY
777 E.12TH STREET #1-13
LOS ANGELES, CA 90021

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$3,168.20**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.156 Nonpriority creditor's name and mailing addressINTERNATIONAL INTIMATES
31 W.34TH STREET
9TH FLOOR
NEW YORK, NY 10001

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$151,562.43**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.157	Nonpriority creditor's name and mailing address INTIMATECO LLC 149 MADISON AVENUE SUITE # 300 NEW YORK, NY 10016 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$5,442.74 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158	Nonpriority creditor's name and mailing address IPPOLITO ELECTRICAL CONTRACTORS, INC. 204 SUNRISE DRIVE HAWTHORNE,, NJ 7506 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$190.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.159	Nonpriority creditor's name and mailing address IPPOLITO/WESTPHAL CONTAIN PO BOX 123 NORWOOD,, NJ 7648 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,644.14 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.160	Nonpriority creditor's name and mailing address ISLAND PACIFIC SYSTEMS 1940 EAST DEERE AVE SUITE #200 SANTA ANA, CA 92705 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,314.69 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.161	Nonpriority creditor's name and mailing address J.C.S. APPAREL GROUP INC. 1407 BROADWAY SUITE 202 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,499.30
3.162	Nonpriority creditor's name and mailing address JALATE 16014 ADELANTE STREET UNIT D IRWINDALE, CA 91706 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,899.00
3.163	Nonpriority creditor's name and mailing address JANICE FASHION INC. 1015 S.CROCKER ST. #Q-13 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,269.68
3.164	Nonpriority creditor's name and mailing address JAPNA INC. 19 BARNYARD CT PLAINSBORO, NJ 08536-3137 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,597.89

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.165 Nonpriority creditor's name and mailing addressJAXI'S II INC.
530 7TH AVENUE
SUITE #606
NEW YORK, NY 10018

As of the petition filing date, the claim is:

\$6,406.04

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.166 Nonpriority creditor's name and mailing addressJCP & L #68
A/C #100 054 514 839
PO BOX 3687
AKRON, OH 44309-3687

As of the petition filing date, the claim is:

\$955.73

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.167 Nonpriority creditor's name and mailing addressJCP&L
ACCT# 100 087 612 097
PO BOX 3687
AKRON, OH 44309-3687

As of the petition filing date, the claim is:

\$3,149.73

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.168 Nonpriority creditor's name and mailing addressJCP&L #06
A/C# 100 006 312 324
PO BOX 3687
AKRON, OH 44309-3687

As of the petition filing date, the claim is:

\$755.89

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.169	Nonpriority creditor's name and mailing address JCP&L #24 A/C#100 063 648 693 PO BOX 3687 AKRON, OH 44309-3687 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,485.42
3.170	Nonpriority creditor's name and mailing address JCP&L #56 A/C# 100 017 784 511 PO BOX 3687 AKRON, OH 44309-3687 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,065.38
3.171	Nonpriority creditor's name and mailing address JEFFREY MANAGEMENT CORP. AC# 303123210-72648009 PO BOX 3096 HICKSVILLE, NY 11802-3096 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,791.36
3.172	Nonpriority creditor's name and mailing address JERRY LEIGH 7860 NELSON ROAD VAN NUYS, CA 91402 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$26,792.85

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.173	Nonpriority creditor's name and mailing address JESCO FOOTWEAR GROUP INC. 37 WEST 37TH STREET SUITE 301 NEW YORK, NY 10018-6225 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$68,413.87 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	Nonpriority creditor's name and mailing address JNR APPAREL 1570 EAST 23RD STREET LOS ANGELES, CA 90011 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$6,241.41 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address JOAN KENNEDY 4224 E. TANO STREET AHWATUKEE PHOENIX, AZ 85044 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$166.94 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address JOAN MEISEL 30 FIFTH AVENUE NEW YORK, NY 10011 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$18,237.42 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.177	Nonpriority creditor's name and mailing address JON BARRY COMPANY 1571 ALBANY AVE. BROOKLYN,, NY 11210 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,719.00
3.178	Nonpriority creditor's name and mailing address JRG APPAREL GROUP CO.LTD 1407 BROADWAY SUITE #817 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,581.80
3.179	Nonpriority creditor's name and mailing address JSH OUTERWEAR LLC 1410 BROADWAY SUITE # 505 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,581.40
3.180	Nonpriority creditor's name and mailing address JUST ONE LLC/SECRET LACE HOT SOUP/BLACK FUCHSIA 1450 BROADWAY 21ST FLOOR NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,457.82

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.181	Nonpriority creditor's name and mailing address KAKTUS SPORTSWEAR INC. 390 STARKE ROAD CARLSTADT, NJ 7072 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,145.75 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182	Nonpriority creditor's name and mailing address KIOP MEADOWBROOK,L.P. PO BOX 6208 ACCT#:SNYF0027/LJOYCLE00 HICKSVILLE, NY 11802-6208 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$31,728.32 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address KR COLLEGETOWN LLC COLLEGETOWN SHOPPING CNTR PO BOX 30875 NEW YORK, NY 10087-0875 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$8,383.59 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address KRT PROP.HOLDINGS LLC C/O BRIXMOR PROPERTY GRP PO BOX 645324 CINCINNATI, OH 45264-5324 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,778.28 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.185 Nonpriority creditor's name and mailing addressKW FASHION CORP
39 W.29TH STREET
8TH FLOOR
NEW YORK, NY 10001

As of the petition filing date, the claim is:

\$44,339.27

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.186 Nonpriority creditor's name and mailing addressL.I.LOCKSMITH & ALARM CO.
26 W.OLD COUNTRY RD.
HICKSVILLE,, NY 11801-4708

As of the petition filing date, the claim is:

\$274.86

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.187 Nonpriority creditor's name and mailing addressLABANGA
726 E.12TH STREET
UNIT # 113
LOS ANGELES, CA 90021

As of the petition filing date, the claim is:

\$22,260.33

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.188 Nonpriority creditor's name and mailing addressLANA LEE FASHIONS INC.
9400 ST.LAURENT
SUITE 301
MONTREAL, PQ H2N 1P3
CANADA

As of the petition filing date, the claim is:

\$5,443.68

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name Joyce Leslie, Inc.

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Case number (if known): 16-22035

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

Amount of claim

3.189 Nonpriority creditor's name and mailing addressLC APPAREL, INC
1370 BROADWAY
SUITE #1212
NEW YORK, NY 10018

As of the petition filing date, the claim is:

\$9,214.61

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.190 Nonpriority creditor's name and mailing addressLEAF
CONTRACT# 100-1628767-001
PO BOX 644006
CINCINNATI, OH 45264-4006

As of the petition filing date, the claim is:

\$1,358.90

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.191 Nonpriority creditor's name and mailing addressLEDA BLUMENTHAL
1608 SUMMERCHASE DRIVE
DULUTH, GA 30096

As of the petition filing date, the claim is:

\$83.47

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.192 Nonpriority creditor's name and mailing addressLEG RESOURCE, INC.
350 FIFTH AVENUE
SUITE 6408
NEW YORK, NY 10018

As of the petition filing date, the claim is:

\$11,840.42

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.193	Nonpriority creditor's name and mailing address LEGEND FOOTWEAR, INC. 19445 E.WALNUT DR. NORTH CITY OF INDUSTRY, CA 91789 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$27,770.04 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.194	Nonpriority creditor's name and mailing address LEONARD FEINBERG INC. P.O.BOX 8533 1824 BYBERRY ROAD BENSALEM, PA 19020-8533 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$6,640.49 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195	Nonpriority creditor's name and mailing address LESLIE BALIS TRUSTEE OF S.B.HURWITZ 4510 W. CULBREATH AVE. TAMPA, FL 33609 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$83.47 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196	Nonpriority creditor's name and mailing address LEVCO ROUTE 46 ASSOC MANDELBAUM & MANDELBAUM 80 MAIN STREET STE 510 WEST ORANGE, NJ 7052 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$59,499.70 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.197	Nonpriority creditor's name and mailing address LEVCOM/WALL PLAZA ASSOC. C/OJK MGMT.LLC-PO BOX1276 1051 BLOOMFIELD AVE. CLIFTON, NJ 7012 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	Nonpriority creditor's name and mailing address LEVIN MANAGEMENT CORP ACCT# 39-068 PO BOX 326 PLAINFIELD, NJ 07061-0326 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	Nonpriority creditor's name and mailing address LIBERTY POWER ACCT# 4995824084 25901 NETWORK PLACE CHICAGO, IL 60673-1259 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	Nonpriority creditor's name and mailing address LIBERTY POWER #93 ACCT#49951475068 25901 NETWORK PLACE CHICAGO, IL 60673-1259 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.201	Nonpriority creditor's name and mailing address LOUISE PARIS LTD ATTN:ROSEANNE OR PAUL 1407 BROADWAY SUITE 1405 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$116,744.62 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.202	Nonpriority creditor's name and mailing address LUX ACCESSORIES LTD 362 FIFTH AVENUE SUITE #601 NEW YORK, NY 10001 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$43,154.37 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.203	Nonpriority creditor's name and mailing address MACKENZIE DOOR CO. 4900 WEST SIDE AVENUE NORTH BERGEN, NJ 7047 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,488.91 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.204	Nonpriority creditor's name and mailing address MAGID PLUS P.O.BOX 1279 NEW YORK, NY 10156 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,598.77 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.205 Nonpriority creditor's name and mailing address**MANGO USA INC
5620 1ST AVENUE
BROOKLYN, NY 11220**As of the petition filing date, the claim is:****\$34,093.18**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.206 Nonpriority creditor's name and mailing addressMARKETPLACE AT ROCKAWAY
2035 LINCOLN HIGHWAY
SUITE 2150
EDISON, NJ 8817**As of the petition filing date, the claim is:****\$7,468.42**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.207 Nonpriority creditor's name and mailing addressMARLTON PLAZA II ASSOC. LP
LEASE ID 4240029
PO BOX 30875
NEW YORK, NY 10087-0875**As of the petition filing date, the claim is:****\$5,564.72**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.208 Nonpriority creditor's name and mailing addressMAVERICK APPAREL LLC
1384 BROADWAY
14TH FLOOR
NEW YORK, NY 10018**As of the petition filing date, the claim is:****\$6,780.00**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.209	Nonpriority creditor's name and mailing address MAX CORE ACTIVEWEAR 30 RIVER COURT SUITE 2703 JERSEY CITY, NJ 7310 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,792.80
3.210	Nonpriority creditor's name and mailing address MAX IMPORTS, INC. USA 1407 BROADWAY SUITE 1903 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,363.93
3.211	Nonpriority creditor's name and mailing address MEADOWLANDS FUEL STOP LLC 758 PATERSON PLANK RD EAST RUTHERFORD, NJ 7073 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.42
3.212	Nonpriority creditor's name and mailing address MEETU MAGIC INC. 4800 WEST SIDE AVENUE NORTH BERGEN, NJ 7047 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,006.11

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.213 Nonpriority creditor's name and mailing addressMEGA WEAR, INC.
1407 BROADWAY
SUITE 2310
NEW YORK, NY 10018

As of the petition filing date, the claim is:

\$36,764.98

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.214 Nonpriority creditor's name and mailing addressMETRO FIRE & SAFETY EQUIP
509 WASHINGTON AVE
(MIJACK COURT)
CARLSTADT, NJ 7072

As of the petition filing date, the claim is:

\$628.84

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.215 Nonpriority creditor's name and mailing addressMIDDLETOWN I RESOURCES LP
C/O NATIONAL REALTY
3 MANHATTANVILLE RD,S#202
PURCHASE, NY 10577-7449

As of the petition filing date, the claim is:

\$6,481.37

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.216 Nonpriority creditor's name and mailing addressMIDRANGE REPAIR&PARTS, INC
(FORMERLY QUINN DATA)
3821 WEST 127TH PLACE
ALSIP, IL 60803

As of the petition filing date, the claim is:

\$1,684.75

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.217 Nonpriority creditor's name and mailing address**MIDWAY AMERICA
10 WEST 33RD STREET
SUITE 1221
NEW YORK, NY 10001**As of the petition filing date, the claim is:****\$8,725.79**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.218 Nonpriority creditor's name and mailing addressMILFORD CROSSING INVESTOR
1720 POST RD
FAIRFIELD, CT 6824**As of the petition filing date, the claim is:****\$29,848.10**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.219 Nonpriority creditor's name and mailing addressMILLER DETECTIVE AGENCY
207 CENTRAL AVENUE
CHELTENHAM,, PA 19012**As of the petition filing date, the claim is:****\$6,376.40**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.220 Nonpriority creditor's name and mailing addressMIRAGE FASHION
1410 BROADWAY
SUITE #505
NEW YORK, NY 10018**As of the petition filing date, the claim is:****\$12,608.07**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.221	Nonpriority creditor's name and mailing address MISS AVENUE 777 E.10TH STREET #121 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$42,245.83 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.222	Nonpriority creditor's name and mailing address MISS POPULAR-1 DIV OF POPULARITY PRODUCT 1800C ATLANTIC AVE VIRGINIA BEACH, VA 23451 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$7,492.33 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.223	Nonpriority creditor's name and mailing address MONACO FASHION 777 E.12TH ST #1-5 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$34,632.56 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224	Nonpriority creditor's name and mailing address MORRIS PLAINS HOLDING UE C/O HACKENSACK UE LLC PO BOX 416556 BOSTON, MA 02241-6556 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$21,577.66 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.225	Nonpriority creditor's name and mailing address MYRTLE AVE DEVELOPMENT PARTNERS LLC PO BOX 67 NEW YORK, NY 10159	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$5,075.22
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.226	Nonpriority creditor's name and mailing address MYSTIC, INC. 1188 S.SAN PEDRO STREET # P LOS ANGELES, CA 90015	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$44,897.76
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.227	Nonpriority creditor's name and mailing address MYSTIQUE INTERNATIONAL 320 5TH AVENUE SUITE 808 NEW YORK, NY 10001	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$4,600.06
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.228	Nonpriority creditor's name and mailing address N.Y. INVASION INC. 132 W. 36TH ST. NEW YORK, NY 10018	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS	\$27,537.99
	Date or dates debt was incurred		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.229 Nonpriority creditor's name and mailing address**

NASHUA
CUST #V572
4616 PAYSPHERE CIRCLE
CHICAGO,, IL 60674

As of the petition filing date, the claim is:**\$1,107.75**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.230 Nonpriority creditor's name and mailing address

NATIONAL ASS.OF SPECIALTY
TRADE BENEFIT FUND
157 SUMMERFIELD STREET
SCARSDALE, NY 10583

As of the petition filing date, the claim is:**\$3,500.00**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.231 Nonpriority creditor's name and mailing address

NATIONAL GRID #08
ID# 19773-94005
PO BOX 11791
NEWARK, NJ 07101-4791

As of the petition filing date, the claim is:**\$255.67**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.232 Nonpriority creditor's name and mailing address

NATIONAL GRID #09
AC#15291-49014
PO BOX 11791
NEWARK, NJ 07101-4791

As of the petition filing date, the claim is:**\$86.29**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.233 Nonpriority creditor's name and mailing address**NATIONAL GRID #28
#05810-55003
PO BOX 11791
NEWARK, NJ 07101-4791**As of the petition filing date, the claim is:****\$460.57**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.234 Nonpriority creditor's name and mailing addressNATIONAL GRID #33
A/C# 04660-55701
PO BOX 11741
NEWARK, NJ 07101-4741**As of the petition filing date, the claim is:****\$371.41**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.235 Nonpriority creditor's name and mailing addressNATIONAL GRID #36
AC# 82104-11008
PO BOX 11791
NEWARK, NJ 07101-4791**As of the petition filing date, the claim is:****\$218.33**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.236 Nonpriority creditor's name and mailing addressNATIONAL GRID #39
AC#75374-96000
PO BOX 11791
NEWARK, NJ 07101-4791**As of the petition filing date, the claim is:****\$154.53**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim	
3.237	Nonpriority creditor's name and mailing address NATIONAL GRID #41 ACCT# 20659-82206 PO BOX 11741 NEWARK, NJ 07101-4741 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.25
3.238	Nonpriority creditor's name and mailing address NATIONAL GRID #59 #19561-14007 PO BOX 11791 NEWARK, NJ 07101-4791 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.19
3.239	Nonpriority creditor's name and mailing address NATIONAL GRID #87 A/C #09566-57993 PO BOX 11741 NEWARK,, NJ 07101-4741 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$519.43
3.240	Nonpriority creditor's name and mailing address NATIONAL REALTY & DEVELOPMENT CORP. 3 MANHATTANVILLE ROAD PURCHASE, NY 10577-7449 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,462.26

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.241	Nonpriority creditor's name and mailing address NATIONAL RETIREMENT FUND PO BOX 5426 WHITE PLAINS, NY 10602-5426 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,888.42
3.242	Nonpriority creditor's name and mailing address NEW JERSEY AMERICAN WATER A/C #1018-210025260950 BOX 371331 PITTSBURGH, PA 15250-7331 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.52
3.243	Nonpriority creditor's name and mailing address NEW JERSEY NATURAL GAS CO ACCT# 13-3356-9170-16 PO BOX 11743 NEWARK, NJ 07101-4743 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.05
3.244	Nonpriority creditor's name and mailing address NEW JERSEY NATURAL GAS#66 ACCT# 16-4574-5113-26 PO BOX 11743 NEWARK, NJ 07101-4743 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$641.16

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.245 Nonpriority creditor's name and mailing addressNEW PENN MOTOR EXPRESS
24801 NETWORK PLACE
CHICAGO, IL 60673-1248

As of the petition filing date, the claim is:

\$5,765.68

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.246 Nonpriority creditor's name and mailing addressNEW YORK ELEGANCE ENT. INC
385 FIFTH AVE.
SUITE 709
NEW YORK, NY 10016

As of the petition filing date, the claim is:

\$10,441.94

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.247 Nonpriority creditor's name and mailing addressNEWRENT, INC.
520 BELLEVILLE PIKE
KEARNY, NJ 7032

As of the petition filing date, the claim is:

\$131.16

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.248 Nonpriority creditor's name and mailing addressNEXST
11135 E RUSH ST SUITE I
S.EL MONTE, CA 91733

As of the petition filing date, the claim is:

\$11,213.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.249 Nonpriority creditor's name and mailing address**NICE WEAR
225B WEST 37TH STREET
NEW YORK, NY 10018**As of the petition filing date, the claim is:****\$38,015.33**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.250 Nonpriority creditor's name and mailing addressNJ NATURAL GAS
A/C #22 0007 9864 15
PO BOX 11743
NEWARK, NJ 07101-4743**As of the petition filing date, the claim is:****\$26.97**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.251 Nonpriority creditor's name and mailing addressNJ NATURAL GAS #32
ACCT #22-0013-9280-19
PO BOX 11743
NEWARK, NJ 07101-4743**As of the petition filing date, the claim is:****\$101.99**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.252 Nonpriority creditor's name and mailing addressNJ NATURAL GAS #68
A/C #22-0009-3346-05
P.O. BOX 11743
NEWARK, NJ 07101-4743**As of the petition filing date, the claim is:****\$221.65**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.253	Nonpriority creditor's name and mailing address NJ NATURAL GAS #75 A/C #22 0008 5232 36 PO BOX 11743 NEWARK, NJ 07101-4743 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$71.54 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.254	Nonpriority creditor's name and mailing address NJ NATURAL GAS CO #56 AC# 04-4530-0500-20 PO BOX 11743 NEWARK, NJ 07101-4743 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$91.55 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.255	Nonpriority creditor's name and mailing address NJ NATURAL GAS CO. #24 A/C #22-0010-5541-38 PO BOX 11743 NEWARK, NJ 07101-4743 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$240.01 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.256	Nonpriority creditor's name and mailing address NORTH HAVEN HOLDINGS, L.P. C/O NATIONAL REALTY 3 MANHATTANVILLE RD,ST202 PURCHASE, NY 10577 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$6,375.29 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.257	Nonpriority creditor's name and mailing address NY-NJ REGIONAL JOINT BRD 33 WEST 14TH STREET ATTN:DUES DEPT NY, NY 10011 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,706.10
3.258	Nonpriority creditor's name and mailing address NYC DEPT OF FINANCE CHURCH STREET STATION PO BOX 3640 NEW YORK,, NY 10008-3640 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,265.00
3.259	Nonpriority creditor's name and mailing address NYC DEPT. OF FINANCE QUEENS BLOCK 4974 LOT 45 PO BOX 680 NEWARK, NJ 07101-0680 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,498.07
3.260	Nonpriority creditor's name and mailing address NYLON APPAREL DBA IDENTITY APPAREL 777 E.12TH ST. STE# 1-16 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,585.15

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.261	Nonpriority creditor's name and mailing address OBJEX FASHION 129 26TH STREET 3RD FLOOR BROOKLYN, NY 11232 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$12,563.88 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.262	Nonpriority creditor's name and mailing address OFFICE TWO LT'D.PARTNERS C/O PNC BANK,NAT'L ASSOC PO BOX 827159 PHILADELPHIA, PA 19182-7159 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$5,555.03 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.263	Nonpriority creditor's name and mailing address OMG! ACCESSORIES 2045 W.GRAND AVE. # 202 CHICAGO, IL 60612 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,743.30 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.264	Nonpriority creditor's name and mailing address ONE STEP UP 1412 BROADWAY A/R DEPT.3RD FLOOR NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$77,248.67 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.265	Nonpriority creditor's name and mailing address ORANGE & ROCKLAND UTIL#93 PO BOX 1005 A/C #37840-88010 SPRING VALLEY, NY 10977 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$587.06
3.266	Nonpriority creditor's name and mailing address ORECK FLOOR CARE CENTER 484 ROUTE 17 NORTH PARAMUS,, NJ 7652 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$26.70
3.267	Nonpriority creditor's name and mailing address ORLY SHOE CORP. 15 WEST 34TH ST 7TH FLOOR NEW YORK, NY 10001 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,405.19
3.268	Nonpriority creditor's name and mailing address OVERHEAD DOOR CORPORATION PO BOX 740702 ATLANTA, GA 30374-0702 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$330.54

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.269	Nonpriority creditor's name and mailing address P.O.P. PHILOSOPHY OF PAEK 777 E.12TH STREET #1-10 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$10,317.20 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.270	Nonpriority creditor's name and mailing address PAPER TEE 1407 BROADWAY SUITE 1405 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$15,647.52 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.271	Nonpriority creditor's name and mailing address PARADIS MISS 786 E 12TH STREET LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,425.82 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.272	Nonpriority creditor's name and mailing address PARADISO ROSEN MANAGEMENT 65 LOCUST AVE, SUITE 200 NEW CANAAN, CT 06840 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$11,860.37 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.273 Nonpriority creditor's name and mailing address

PASSAIC VALLEY WATER COMM
CUST# 0122923 AC#063610
PO BOX 11393
NEWARK, NJ 07101-4393

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$613.55

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.274 Nonpriority creditor's name and mailing address

PECO ENERGY
A/C# 11574-02109
PO BOX 37629
PHILADELPHIA, PA 19101

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$106.63

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.275 Nonpriority creditor's name and mailing address

PECO ENERGY #38
A/C #87145-00904
PO BOX 37629
PHILADELPHIA, PA 19101-0629

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,305.32

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.276 Nonpriority creditor's name and mailing address

PECO-PAYMENT PROCESS
A/C # 06525-01100
PO BOX 37629
PHILADELPHIA, PA 19101-0629

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$1,397.42

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.277 Nonpriority creditor's name and mailing address

PECO-PAYMENT PROCESSING
ACCT# 20831-09060
PO BOX 37629
PHILADELPHIA, PA 19101-0629

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$747.57

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.278 Nonpriority creditor's name and mailing address

PHILADELPHIA GAS WORKS
ACCT# 0895744184
PO BOX 11700
NEWARK, NJ 07101-4700

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$725.29

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.279 Nonpriority creditor's name and mailing address

PLANET GOLD
1410 BROADWAY
NEW YORK, NY 10018

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$762.19

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.280 Nonpriority creditor's name and mailing address

POND ROAD ASSOCIATES
620 TINTON AVENUE
BLDG B, SUITE 200
TINTON FALLS, NJ 7724

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$5,616.56

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.281	Nonpriority creditor's name and mailing address POOF APPAREL CORP. 1407 BROADWAY SUITE 900 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$22,949.35 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.282	Nonpriority creditor's name and mailing address POS REMARKETING GROUP 1059 N. OLD RAND ROAD WAUCONDA, IL 60084 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$155.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.283	Nonpriority creditor's name and mailing address PPL ELECTRIC UTILITIES 44780-19004 2 NORTH 9TH ST. CPC-GENN1 ALLENTOWN, PA 18101-1175 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$895.77 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.284	Nonpriority creditor's name and mailing address PREFERRED PLASTICS & PACK AGING CO., INC. 681 MAIN STREET-BLDG #42 BELLEVILLE, NJ 7109 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$51,594.87 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.285 Nonpriority creditor's name and mailing addressPREMIER SUPPLIES
460 WEST 34TH ST. 5TH FL
NEW YORK, NY 10001

As of the petition filing date, the claim is:

\$536.77

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.286 Nonpriority creditor's name and mailing addressPRESIDENTS INDUSTRIAL
PRODUCTS
PO BOX 387
WOOD-RIDGE, NJ 07075-0387

As of the petition filing date, the claim is:

\$675.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.287 Nonpriority creditor's name and mailing addressPRIDE & JOYS, INC.
1400 BROADWAY
SUITE #503
NEW YORK, NY 10018

As of the petition filing date, the claim is:

\$159,537.45

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.288 Nonpriority creditor's name and mailing addressPRIME FOOTWEAR GROUP
1716 CONEY ISLAND AVE
SUITE 4C
BROOKLYN, NY 11223

As of the petition filing date, the claim is:

\$15,603.15

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.289	Nonpriority creditor's name and mailing address PRIVY, INC. 933 TOWNE AVENUE # 104 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$143,169.25 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.290	Nonpriority creditor's name and mailing address PROJECT 28 CLOTHING LLC 1407 BROADWAY SUITE 2810 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$13,216.40 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291	Nonpriority creditor's name and mailing address PSE&G ACCT# 69 091 437 01 PO BOX 14444 NEW BRUNSWICK, NJ 08906-4444 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$5,409.45 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.292	Nonpriority creditor's name and mailing address PSE&G # 35 A/C #66 919 485 05 PO BOX 14444 NEW BRUNSWICK, NJ 08906-4444 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,664.28 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.293	Nonpriority creditor's name and mailing address PSE&G # 45 A/C# 65 118 535 00 PO BOX 14444 NEW BRUNSWICK, NJ 08906-4444 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,612.98
3.294	Nonpriority creditor's name and mailing address PSE&G # 51 A/C # 66 563 916 05 PO BOX 14444 NEW BRUNSWICK,, NJ 08906-4444 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.52
3.295	Nonpriority creditor's name and mailing address PSE&G # 84 AC# 65 215 018 01 PO BOX 14444 NEW BRUNSWICK, NJ 08906-4444 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,044.31
3.296	Nonpriority creditor's name and mailing address PSE&G #06 A/C# 66 852 165 06 PO BOX 14444 NEW BRUNSWICK, NJ 08906-4444 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.51

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.297 Nonpriority creditor's name and mailing address**PSE&G #12
A/C# 66 405 871 06
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$1,402.23**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.298 Nonpriority creditor's name and mailing addressPSE&G #18
AC #65 511 864 08
PO BOX 14444
NEW BRUNSWICK,, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$2,168.04**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.299 Nonpriority creditor's name and mailing addressPSE&G #25
A/C # 66 358 058 18
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$1,313.03**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.300 Nonpriority creditor's name and mailing addressPSE&G #45
A/C# 65 301 484 18
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$693.34**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.301 Nonpriority creditor's name and mailing address**PSE&G #48
A/C# 66 286 508 04
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$1,831.69**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.302 Nonpriority creditor's name and mailing addressPSE&G #49
AC# 68 995 172 05
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$1,321.12**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.303 Nonpriority creditor's name and mailing addressPSE&G #51
A/C# 67 538 909 04
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$12.53**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.304 Nonpriority creditor's name and mailing addressPSE&G #51
A/C# 66 230 358 18
PO BOX 14444
NEW BRUNSWICK,, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:**\$517.14**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.305 Nonpriority creditor's name and mailing addressPSE&G #84
PO BOX 14444
AC# 65 744 911 18
NEW BRUNSWICK,, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$49.73

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.306 Nonpriority creditor's name and mailing addressPSE&G #84
A/C # 67 091 894 06
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$605.07

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.307 Nonpriority creditor's name and mailing addressPSE&G #85
PO BOX 14444
AC# 66 552 691 05
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$2,994.71

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

3.308 Nonpriority creditor's name and mailing addressPSE&G CO
ACCT#71 232 772 01
PO BOX 14444
NEW BRUNSWICK, NJ 08906-4444

Date or dates debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

\$2,271.60

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.309	Nonpriority creditor's name and mailing address PSE&G CO. #46 A/C 66 945 342 05 PO BOX 14444 NEW BRUNSWICK, NJ 08906-4444 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,235.10
3.310	Nonpriority creditor's name and mailing address PSEGLI A/C # 0424-9007-65-1 PO BOX 9039 HICKSVILLE, NY 11802-9039 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$379.84
3.311	Nonpriority creditor's name and mailing address PSEGLI #07 ID#0019-2000-27-1 PO BOX 9039 HICKSVILLE, NY 11802-9039 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.45
3.312	Nonpriority creditor's name and mailing address PSEGLI #07 ID# 0019-2000-28-9 PO BOX 9039 HICKSVILLE, NY 11802-9039 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,358.29

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.313	Nonpriority creditor's name and mailing address PSEGLI #08 A/C #0424-9001-47-2 PO BOX 9039 HICKSVILLE, NY 11802-9039 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,119.63 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.314	Nonpriority creditor's name and mailing address PSEGLI #09 0592-8007-45-8 PO BOX 9039 HICKSVILLE, NY 11802-9039 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$924.76 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.315	Nonpriority creditor's name and mailing address PSEGLI #28 # 0752-2002-98-4 PO BOX 9039 HICKSVILLE, NY 11802-9039 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$789.01 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.316	Nonpriority creditor's name and mailing address PSEGLI #36 ID# 0586-8001-27-1 PO BOX 9039 HICKSVILLE,, NY 11802-9039 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$921.07 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.317 Nonpriority creditor's name and mailing address**PSEGLI #39
ACCT #0456-2008-24-5
PO BOX 9039
HICKSVILLE, NY 11802-9039**As of the petition filing date, the claim is:****\$863.77**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.318 Nonpriority creditor's name and mailing addressR THE BUG MAN, INC
A/C# 1511
723 CENTER STREET
BETHLEHEM, PA 18018**As of the petition filing date, the claim is:****\$80.00**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.319 Nonpriority creditor's name and mailing addressRAINBOW STITCHES
3113A EAST 11TH STREET
LOS ANGELES, CA 90023**As of the petition filing date, the claim is:****\$13,413.01**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.320 Nonpriority creditor's name and mailing addressRED N BLUE CLOTHING INC
246 WEST 38TH STREET
#703
NEW YORK, NY 10018**As of the petition filing date, the claim is:****\$17,127.90**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.321 Nonpriority creditor's name and mailing addressREGIONAL WATER AUTHORITY
ACCT #210208351 (FIRE)
PO BOX 981102
BOSTON, MA 02298-1102

As of the petition filing date, the claim is:

\$287.39

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.322 Nonpriority creditor's name and mailing addressRGIS INVENTORY SPECIALIST
P.O. BOX 77631
DETROIT, MI 48277

As of the petition filing date, the claim is:

\$10,703.28

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.323 Nonpriority creditor's name and mailing addressRITE-AIR MECHANICAL
109 EDGEWOOD AVE
BELLMAWR, NJ 8031

As of the petition filing date, the claim is:

\$9,408.13

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.324 Nonpriority creditor's name and mailing addressRONALD D. WORTHMANN
ELECTRICAL CONTRACTOR
2774 WILLIAMSTOWN RD.
FRANKLINVILLE, NJ 8322

As of the petition filing date, the claim is:

\$1,558.96

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

		Amount of claim
3.325	Nonpriority creditor's name and mailing address ROOMMATES 1561 N.BONNIE BEACH PL LOS ANGELES, CA 90063 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$19,544.85 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.326	Nonpriority creditor's name and mailing address ROSEE FASHION INC 1407 BROADWAY SUITE 2021 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$61,666.85 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.327	Nonpriority creditor's name and mailing address ROYAL FASHION GROUP LLC 1385 BROADWAY SUITE 423 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$8,225.22 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.328	Nonpriority creditor's name and mailing address RPAI US MANAGEMENT LLC 13068 COLLECTION CTR DR CHICAGO, IL 60693 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$41,097.29 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.329	Nonpriority creditor's name and mailing address RYDER TRANSPORTATION SERVICES P.O. BOX 96723 CHICAGO, IL 60693-6723 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$25,602.20 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.330	Nonpriority creditor's name and mailing address S.PRUZANSKY/ROY SCHLEIGH/ LEVY PLUMBING & HEATING 364 OAK STREET PASSAIC, NJ 7055 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$197.95 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.331	Nonpriority creditor's name and mailing address S.ROTHCHILD & CO.INC. MARALYN & ME 500 7TH AVENUE NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$20,442.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.332	Nonpriority creditor's name and mailing address SABORA FASHION 1013 CROCKER ST. UNIT # 10 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$13,412.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.333 Nonpriority creditor's name and mailing addressSAMSUNG C&T AMERICA, INC.
ADVANCED CONCEPTS FOOTWR
1430 BROADWAY (22ND FL)
NEW YORK, NY 10018

As of the petition filing date, the claim is:

\$39,635.18

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.334 Nonpriority creditor's name and mailing addressSANS SOUCI
1100 S.SAN PEDRO ST.
1-A
LOS ANGELES, CA 90015

As of the petition filing date, the claim is:

\$3,118.62

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.335 Nonpriority creditor's name and mailing addressSASHA HANDBAGS, INC.
460 A MAIN AVENUE
WALLINGTON, NJ 7057

As of the petition filing date, the claim is:

\$32,755.29

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.336 Nonpriority creditor's name and mailing addressSHELLY
1100 S.SAN PEDRO ST
M-1
LOS ANGELES, CA 90015

As of the petition filing date, the claim is:

\$10,163.45

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.337	Nonpriority creditor's name and mailing address SHINESTAR 4553 SEVILLE AVENUE VERNON, CA 90058 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,417.07
3.338	Nonpriority creditor's name and mailing address SILHOUETTE NYC 1407 BROADWAY SUITE 1615 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,592.05
3.339	Nonpriority creditor's name and mailing address SNAP APPAREL/APPAREL CONN 1407 BROADWAY SUITE 1402 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,472.36
3.340	Nonpriority creditor's name and mailing address SOPRANO 2025 LONG BEACH AVENUE LOS ANGELES, CA 90058 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,150.41

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.341	Nonpriority creditor's name and mailing address SOTTILE SECURITY INT'L 40 EXCHANGE PLACE SUITE 400 NEW YORK,, NY 10005 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,195.50 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.342	Nonpriority creditor's name and mailing address SOUTH JERSEY GAS #49 ACCT# 9142710000 PO BOX 6091 BELLMAWR, NJ 08099-6091 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$343.89 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.343	Nonpriority creditor's name and mailing address SOUTH JERSEY GAS #67 AC# 5750600000 PO BOX 6091 BELLMAWR, NJ 08099-6091 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$296.74 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.344	Nonpriority creditor's name and mailing address SOUTH JERSEY GAS COMPANY A/C #0296520000 PO BOX 6091 BELLMAWR, NJ 08099-6091 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$204.52 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.345 Nonpriority creditor's name and mailing addressSOUTHERN CONNECTICUT GAS
ACCT# 050-0010887-3832
PO BOX 9112
CHELSEA, MA 02150-9112

As of the petition filing date, the claim is:

\$389.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.346 Nonpriority creditor's name and mailing addressSPECIALTY TRADE UNION
LOCAL 741
157 SUMMERFIELD STREET
SCARSDALE, NY 10583

As of the petition filing date, the claim is:

\$190.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.347 Nonpriority creditor's name and mailing addressSTAPLES ADVANTAGE
DEPT NY
P.O. BOX 415256
BOSTON, MA 02241-5256

As of the petition filing date, the claim is:

\$288.88

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.348 Nonpriority creditor's name and mailing addressSTILLETTO'S
4871 S.SANTA FE AVENUE
VERNON, CA 90058

As of the petition filing date, the claim is:

\$34,030.14

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.349	Nonpriority creditor's name and mailing address SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVE.N.W WASHINGTON, DC 20037-3213 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,035.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.350	Nonpriority creditor's name and mailing address SUNRISE DESIGNS 29 1407 BROADWAY SUITE 2008 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$37,576.19 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.351	Nonpriority creditor's name and mailing address T & R EXTERMINATORS, INC. 5013 AVENUE N BROOKLYN,, NY 11234 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$3,223.25 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.352	Nonpriority creditor's name and mailing address TAX COLLECTOR CITY OF MILFORD PO BOX 3025 MILFORD, CT 6460 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$17.51 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.353 Nonpriority creditor's name and mailing addressTAX COLLECTOR, N.HAVEN
A/C #575005
PO BOX 900
HARTFORD,, CT 06143-0900

As of the petition filing date, the claim is:

\$30.37

☒ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.354 Nonpriority creditor's name and mailing address**TEENBELL
906 E 60TH STREET
LOS ANGELES, CA 90001

As of the petition filing date, the claim is:

\$71,881.61

☒ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.355 Nonpriority creditor's name and mailing address**TEMPS UNLIMITED INC.
540 HUDSON STREET
HACKENSACK, NJ 7601

As of the petition filing date, the claim is:

\$107.25

☒ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes**3.356 Nonpriority creditor's name and mailing address**TERMINIX PROCESSING CENTE
A/C# 1384400
P.O. BOX 742592
CINCINNATI, OH 45274-2592

As of the petition filing date, the claim is:

\$49.22

☒ Contingent☐ Unliquidated☐ Disputed**Basis for the claim:**

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

☒ No☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.357 Nonpriority creditor's name and mailing addressTERMINIX PROCESSING CTR
6770 N SUNRISE BLVD.
SUITE G200
GLENDALE, AR 85305

As of the petition filing date, the claim is:

\$310.12

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.358 Nonpriority creditor's name and mailing addressTESS SPORTSWEAR LTD
LES MODES SPORTIVES
9500 MEILLEUR #400
MONTREAL, QC H2N 2B7
CANADA

As of the petition filing date, the claim is:

\$56,249.89

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.359 Nonpriority creditor's name and mailing addressTHE CLASSIC
1118 CROCKER ST
LOS ANGELES, CA 90021

As of the petition filing date, the claim is:

\$9,992.70

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.360 Nonpriority creditor's name and mailing addressTKMG ASSOCIATES LP
C/O US REALTY ASSOC S#101
120-124 E.LANCASTER AVE
ARDMORE, PA 19003

As of the petition filing date, the claim is:

\$343.59

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.361	Nonpriority creditor's name and mailing address TKMG ASSOCIATES, LP 120-124 E.LANCASTER AVE STE 101 ARDMORE, PA 19003 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,785.49 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.362	Nonpriority creditor's name and mailing address TOP 10 SMB CLOTHING, INC. 747 E.10TH STREET #114 LOS ANGELES, CA 90021 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$6,374.05 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.363	Nonpriority creditor's name and mailing address TOWN OF GREENBURGH GREENBURGH POLICE DEPT 188 TARRYTOWN ROAD WHITE PLAINS,, NY 10607 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$10.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.364	Nonpriority creditor's name and mailing address TOWN OF NORTH HEMPSTEAD OFFICE OF TOWN CLERK 200 PLANDOME ROAD MANHASSET, NY 11030 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$500.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.365 Nonpriority creditor's name and mailing addressTOWNSHIP OF WHITEHALL
BUSINESS LIC.DEPT./J08280
3221 MACARTHUR ROAD
WHITEHALL, PA 18052

As of the petition filing date, the claim is:

\$35.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.366 Nonpriority creditor's name and mailing addressTRINITY TRIBE
732 E.10TH STREET
#101
LOS ANGELES, CA 90021

As of the petition filing date, the claim is:

\$18,201.89

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.367 Nonpriority creditor's name and mailing addressTRUMBULL TAX COLLECTOR
TOWN OF TRUMBULL
P.O. BOX 110326
TRUMBULL, CT 06611-0326

As of the petition filing date, the claim is:

\$29.08

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.368 Nonpriority creditor's name and mailing addressTYCO INTEGRATED SECURITY
CONSOLIDATED BILLING
10405 CROSSPOINT BLVD.
INDIANAPOLIS,, IN 46256-3323

As of the petition filing date, the claim is:

\$1,566.82

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.369	Nonpriority creditor's name and mailing address U.S. REALTY U&O ACCOUNT C/O TKMG ASSOCIATE,LP 120-124 E.LANCASTER,S#101 ADRMORE, PA 19003 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$441.87 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.370	Nonpriority creditor's name and mailing address UGI UTILITIES, INC. AC# 521118572127 PO BOX 15523 WILMINGTON, DE 19886-5523 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$134.61 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.371	Nonpriority creditor's name and mailing address ULINE SHIPPING SUPPLY SPECIALISTS PO BOX88741 CHICAGO, IL 60680-1741 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$201.61 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.372	Nonpriority creditor's name and mailing address UNITED ILLUMINATING #23 A/C#010-0000652-5959 P.O. BOX 9230 CHELSEA, MA 02150-9230 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,407.54 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.373	Nonpriority creditor's name and mailing address UNITED ILLUMINATING #78 AC# 010-0000527-0268 PO BOX 9230 CHELSEA, MA 02150-9230 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$2,506.23 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.374	Nonpriority creditor's name and mailing address UNITED ILLUMINATING CO. A/C #010-0000735-1496 #88 PO BOX 9230 CHELSEA, MA 02150-9230 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$1,271.19 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.375	Nonpriority creditor's name and mailing address UNITED PARCEL SERVICE SHIPPER NO.#059045 P.O.BOX 7247-0244 PHILADELPHIA, PA 19170-0001 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$2,445.97 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.376	Nonpriority creditor's name and mailing address UNITED WATER BAYONNE ACCT # M 00 630008 P.O. BOX 16 BAYONNE, NJ 7002 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$16.20 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.377 Nonpriority creditor's name and mailing addressUNITED WATER NEW JERSEY
A/C#10001933233333
PO BOX 371804
PITTSBURGH, PA 15250-7804

As of the petition filing date, the claim is:

\$516.08

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.378 Nonpriority creditor's name and mailing addressUNITED WATER WESTCHESTER
PYMNT CTR #05509826320000
PO BOX 371804
PITTSBURGH, PA 15250-7804

As of the petition filing date, the claim is:

\$69.84

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.379 Nonpriority creditor's name and mailing addressUNIVERSAL ENVIR.CONSLTING
P.O. BOX 346
ATTN:CAROL
CARLE PLACE,, NY 11514

As of the petition filing date, the claim is:

\$17,285.08

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.380 Nonpriority creditor's name and mailing addressVILLAGE OFFICE SUPPLY
600 APGAR DRIVE
SOMERSET, NJ 8873

As of the petition filing date, the claim is:

\$747.41

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

Amount of claim

3.381	Nonpriority creditor's name and mailing address VISION EXPRESS/WRAG-TIME P.O. BOX 4776 DEPT.200 HOUSTON, TX 77210-4776 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.54
3.382	Nonpriority creditor's name and mailing address WANTED SHOES INC. 48 ETHEL ROAD EDISON, NJ 8817 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,687.00
3.383	Nonpriority creditor's name and mailing address WATER REVENUE BUREAU ACCT#037-20060-02500-007 PO BOX 41496 PHILADELPHIA, PA 19101-1496 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.88
3.384	Nonpriority creditor's name and mailing address WATERMARK BEAUTY, LLC 51 FOREST ROAD SUITE # 316 BOX 15 MONROE, NY 10950 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,750.92

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.385 Nonpriority creditor's name and mailing address**WESTERN PEST SERVICES
P.O. BOX 259
SPRING HOUSE, PA 19477-0259**As of the petition filing date, the claim is:****\$57.77**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.386 Nonpriority creditor's name and mailing addressWHITEHALL TOWNSHIP
AUTHORITY
1901 SCHADT AVENUE
WHITEHALL, PA 18052**As of the petition filing date, the claim is:****\$75.00**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.387 Nonpriority creditor's name and mailing addressWI OFF PRICE APPAREL
1400 BROADWAY
SUITE 920
NEW YORK, NY 10018**As of the petition filing date, the claim is:****\$3,804.80**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.388 Nonpriority creditor's name and mailing addressWINBROOK MANAGEMENT, LLC
AS M/A EAST MEADOWS COMM.
370 SEVENTH AVE, STE#1600
NEW YORK, NY 10001**As of the petition filing date, the claim is:****\$6,892.81**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

		Amount of claim
3.389	Nonpriority creditor's name and mailing address WINGS MFG. CORP. 15 WILKINSON AVENUE JERSEY CITY, NJ 7305 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$4,295.21 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.390	Nonpriority creditor's name and mailing address WLC SHOES DBA WHITE LINE COLLECTION 1410 BROADWAY SUITE 1502 NEW YORK, NY 10018 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$6,204.52 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.391	Nonpriority creditor's name and mailing address WOODBIDGE CNTR PROP, LLC C/O WOODBRIGE CTR PROPRTY 7855 SOLUTION CENTER CHICAGO, IL 60677-7008 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$17,335.05 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.392	Nonpriority creditor's name and mailing address WOODROW BLUMENTHAL TRUST C/O C.A.BRADFORD,TRUSTEE 2000 BROADWAY # 20C NEW YORK, NY 10023 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$83.47 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNSECURED CREDITORS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim****3.393 Nonpriority creditor's name and mailing address**Y.M.I.JEANSWEAR, INC.
1155 S BOYLE AVE
LOS ANGELES, CA 90023**As of the petition filing date, the claim is:****\$33,995.60**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.394 Nonpriority creditor's name and mailing addressZENANA
1100 S. SAN PEDRO ST.
SUITE M-10
LOS ANGELES, CA 90015**As of the petition filing date, the claim is:****\$40,837.80**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

3.395 Nonpriority creditor's name and mailing addressZIVA GEM LLC
200 MADISON AVENUE
SUITE 2225
NEW YORK, NY 10016**As of the petition filing date, the claim is:****\$30,293.92**

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

UNSECURED CREDITORS

Date or dates debt was incurred**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

Debtor Name

5a. Total claims from Part 1

\$1,608,766.30

5b. Total claims from Part 2

\$5,630,204.33

5b. Total claims of Parts 1 and 2

Lines 5a + 5b = 5c

\$7,238,970.63

Debtor Name **Joyce Leslie, Inc.**

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United States Bankruptcy Court for the Southern District of New YorkCase number (if known): **16-22035**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	360 MERCHANT SOLUTIONS LLC
	State the term remaining List the contract number of any government contract	12/15/2015 - EVERGREEN	
2.2	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 82 FLUSHING	3724 MAIN STREET OWNERS LLC C/O MARGOT BURGHEIMER 29 GREENHAVEN ROAD RYE, NY 10580
	State the term remaining List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	A & H ACQUISITION CORP
	State the term remaining List the contract number of any government contract	6/1/2015 - EVERGREEN	
2.4	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	A&G REALTY PARTNERS, LLC
	State the term remaining List the contract number of any government contract	3/19/2014 - 9/18/2015	
2.5	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 85 THE PLAZA AT CHERRY HILL	ACRICK ASSOCIATES 187 MILLBURN AVE SUITE 6 MILLBURN, NJ 07041
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	ALARM AND FIRE ALARMS SERVICE (28) STORES	AFA PROTECTIVE SYSTEMS, INC. 155 MICHAEL DRIVE SYOSSET, NY 11791
	State the term remaining List the contract number of any government contract	12/31/2014 - RENEWS ANNUALLY	
2.7	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	AGACI, LLC
	State the term remaining List the contract number of any government contract	1/21/2015 - EVERGREEN	
2.8	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 45 PARAMUS	AJG ENTERPRISES, LLC 1105 ARCADIAN WAY FORT LEE, NJ 07024
	State the term remaining List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #07, 08, 09, 19, 28, 36, 39, 59, 82, 93	ARISTA AIR CONDITIONING 38-26 TENTH STREET LONG ISLAND CITY, NY 11101
	State the term remaining List the contract number of any government contract	4/1/2015 - 3/31/2016	
2.10	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 33 GEORGETOWN SC	ASTORIA HOLDING CORP. 2181 RALPH AVENUE BROOKLYN, NY 11234
	State the term remaining List the contract number of any government contract		
2.11	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	ATERIAN INVESTMENT PARTNERS II, LP
	State the term remaining List the contract number of any government contract	1/9/2015 - 1/9/2016	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.12	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 19 PORT CHESTER SC	AVR==PORTCHESTER, LLC ONE EXECUTIVE BLVD YONKERS, NY 10701
	State the term remaining List the contract number of any government contract		
2.13	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	B.RILEY FINANCIAL
	State the term remaining List the contract number of any government contract	1/28/2015 - EVERGREEN	
2.14	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	BB&T COMMERCIAL FINANCE 317 W HIGH STREET HIGH POINT, NC 27260
	State the term remaining List the contract number of any government contract	2/26/2014 - EVERGREEN	
2.15	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 38 ARAMINGO SUPER CENTER	BELGRADE AND THOMPSON ASSOCIATES TWO BALA PLAZA SUITE 526 BALA CYNWYD, PA 19004
	State the term remaining List the contract number of any government contract		
2.16	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	BHMS INVESTMENTS, LP
	State the term remaining List the contract number of any government contract	8/10/2015 - EVERGREEN	
2.17	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	BLACKSTREET CAPITAL HOLDINGS, LLC
	State the term remaining List the contract number of any government contract	5/8/2015 - 5/7/2016	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.18	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #63	BPM DESIGNS PO BOX 215 KENILWORTH, NJ 07033
	State the term remaining List the contract number of any government contract	7/8/2009 - RENEWS ANNUALLY	
2.19	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 27 COLLEGETOWN SHOPPING CENTER	BRIXMOOR PROPERTY GROUP ONE FAYETTE STREET SUITE 300 CONSHOHOCKEN, PA 19423
	State the term remaining List the contract number of any government contract		
2.20	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 37 ROOSEVELT MALL	BRIXMOOR PROPERTY GROUP ONE FAYETTE STREET, SUITE 300 CONSHOHOCKEN, PA 19423
	State the term remaining List the contract number of any government contract		
2.21	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 48 MARLTON CROSSING SC	BRIXMOOR PROPERTY GROUP ONE FAYETTE STREET, SUITE 300 CONSHOHOCKEN, PA 19423
	State the term remaining List the contract number of any government contract		
2.22	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 68 MIDDLETOWN PLAZA	BRIXMOOR PROPERTY GROUP ONE FAYETTE STREET SUITE 300 CONSHOHOCKEN, PA 19423
	State the term remaining List the contract number of any government contract		
2.23	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 95 WHITEHALL SQUARE MALL	BRIXMOOR PROPERTY GROUP ONE FAYETTE STREET SUITE 300 CONSHOHOCKEN, PA 19423
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.24	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 28 LEGRAND PLACE	C&H 1350 ASSOCIATES, LLC 265 PINE RIDGE ROAD BUFFALO, NY 14225
	State the term remaining List the contract number of any government contract		
2.25	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	CASTANEA PARTNERS, INC.
	State the term remaining List the contract number of any government contract	2/4/2015 - EVERGREEN	
2.26	State what the contract or lease is for and the nature of the debtor's interest	EMPLOYMENT CONTRACT	CELIA CLANCY 102 CLAYBROOK ROAD DOVER, MA 02030
	State the term remaining List the contract number of any government contract	10/1/2015 - 9/30/2016	
2.27	State what the contract or lease is for and the nature of the debtor's interest	PAYROLL PROCESSING	CERIDIAN PAYROLL PROCESSING 3311 EAST OLD SHAKOPEE ROAD MINNEAPOLIS, MN 55425
	State the term remaining List the contract number of any government contract	3/2/2009 - 90-DAY NOTICE BY EITHER PARTY	
2.28	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 88 MILFORD CROSSING	CERUZZI HOLDINGS, LLC 1720 POST ROAD FAIRFIELD, CT 06824
	State the term remaining List the contract number of any government contract		
2.29	State what the contract or lease is for and the nature of the debtor's interest	FINANCIAL AUDIT ENGAGEMENT	CITRIN COOPERMAN 529 FIFTH AVENUE NEW YORK, NY 10017
	State the term remaining List the contract number of any government contract	1/4/2015 - ANNUAL AGREEMENT	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.30	State what the contract or lease is for and the nature of the debtor's interest	BENEFIT PROGRAMS AUDIT ENGAGEMENT	CITRIN COOPERMAN 529 FIFTH AVENUE NEW YORK, NY 10017
	State the term remaining List the contract number of any government contract	9/25/2015 - ANNUAL AGREEMENT	
2.31	State what the contract or lease is for and the nature of the debtor's interest	FINANCIAL ADVISORY SERVICES	CLEAR THINKING GROUP 401 TOWNE CENTRE DRIVE HILLSBOROUGH, NJ 08844
	State the term remaining List the contract number of any government contract	10/1/2015 - OPEN	
2.32	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	CLEARLAKE CAPITAL GROUP, LP
	State the term remaining List the contract number of any government contract	1/29/2015 - 1/29/2016	
2.33	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #23, #78, #88	COMMERCIAL AIR SERVICES 244 FOXON ROAD NORTH BRANDFORD, CT 06471
	State the term remaining List the contract number of any government contract	7/1/2015 - 6/30/2016	
2.34	State what the contract or lease is for and the nature of the debtor's interest	HVAC SERVICE CONTRACT #33, 41, 87	COMMERCIAL COOLING SERVICE, INC. 225 49TH STREET BROOKLYN, NY 11220
	State the term remaining List the contract number of any government contract	4/15/2013 - 4/14/2016	
2.35	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #51	COMMERCIAL COOLING SERVICE, INC. 225 49TH STREET BROOKLYN, NY 11220
	State the term remaining List the contract number of any government contract	1/1/2013 - 12/31/2016	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.36	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #79	COMMERCIAL COOLING SERVICE, INC. 225 49TH STREET BROOKLYN, NY 11220
	State the term remaining List the contract number of any government contract	7/1/2014 - 6/30/2017	
2.37	State what the contract or lease is for and the nature of the debtor's interest	UTILITY SERVICE 5948518	CON EDISON SOLUTIONS 100 SUMMIT LAKE DRIVE VALHALLA, NY 10595
	State the term remaining List the contract number of any government contract	2/2/2014 - 30-DAYS NOTICE BY EITHER PARTY	
2.38	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #30, 37, 38, 58	COOL RITE, INC. 425 HULMEVILLE AVE PENNDDEL, PA 19047
	State the term remaining List the contract number of any government contract	9/19/2007 - RENEWS ANNUALLY	
2.39	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #61	COOL RITE, INC. 425 HULMEVILLE AVE PENNDDEL, PA 19047
	State the term remaining List the contract number of any government contract	10/14/2013 - RENEWS ANNUALLY	
2.40	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	CUTTING EDGE BUSINESS SERVICES INC.
	State the term remaining List the contract number of any government contract	1/5/2015 - EVERGREEN	
2.41	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 58 COLUMBUS CROSSING	DELAWARE 1851 ASSOCIATES, LP 44 SOUTH BALES AVENUE PORT WASHINGTON, NY 11050-3765
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.42	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 67 WRANGLEBORO CONSUMER SQ	DEVELOPERS DIVERSIFIED REALTY CORPORATION 3300 ENTERPRISE PARKWAY BEACHWOOD, OH 44122
	State the term remaining List the contract number of any government contract		
2.43	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	DIGITAL BRAND MEDIA & MARKETING, INC.
	State the term remaining List the contract number of any government contract	12/19/2014 - EVERGREEN	
2.44	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #06, 12, 18, 31, 45, 84, 99	DUCT MATE INC 190 LEXINGTON AVE HACKENSACK, NJ 07601
	State the term remaining List the contract number of any government contract	2/4/2015 - RENEWS ANNUALLY	
2.45	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #26	EAGLE AIR CONDITIONING 16 SHERMAN AVE WHITE PLAINS, NY 10605
	State the term remaining List the contract number of any government contract	12/12/2012 - RENEWS ANNUALLY	
2.46	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 30 EAST CEDARBROOK PLAZA	EAST CEDARBROOK PLAZA, LLC 370 SEVENTH AVENUE, SUITE 1700 NEW YORK, NY 10001
	State the term remaining List the contract number of any government contract		
2.47	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 43 ECHELON MALL	ECHELON TITLE LLC 200 SOUTH BROAD STREET PHILADELPHIA, PA 19102
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.48	State what the contract or lease is for and the nature of the debtor's interest	SOFTWARE MAINTENANCE STORES	EPICOR/CRS RETAIL SOLUTIONS DIVISION 15 GOVENOR DR. NEWBURGH, NY 12550
	State the term remaining List the contract number of any government contract	EVERGREEN	
2.49	State what the contract or lease is for and the nature of the debtor's interest	ASSIGNMENT OF DEPOSIT ACCOUNT CONTROL AGREEMENT 1701277501	EVERBANK BUSINESS CREDIT ATTN: RICK LAMPACK 10 WATERVIEW BOULEVARD PARSIPPANY, NJ 07054
	State the term remaining List the contract number of any government contract	5/11/2015 - 1/11/2016	
2.50	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	FAB/STARPOINT, LLC 15 W 34TH STREET NEW YORK, NY 10001
	State the term remaining List the contract number of any government contract	10/20/2015 - 10/19/2016	
2.51	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 9 COMMACK CORNERS	FEIL ORGANIZATION 7 PENN PLAZA NEW YORK, NY 10001
	State the term remaining List the contract number of any government contract		
2.52	State what the contract or lease is for and the nature of the debtor's interest	MERCHANT SERVICES(CREDIT CARD PROCESSING)	FIRST DATA MERCHANT SERVICES CORP 225 LIBERTY STREET 29TH FLOOR NEW YORK, NY 10281
	State the term remaining List the contract number of any government contract	5/2/2012 - 5 YEARS/ANNUALLY THEREAFTER	
2.53	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	FLACK ATTACK VENTURES, INC.
	State the term remaining List the contract number of any government contract	1/5/2015 - EVERGREEN	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.54	State what the contract or lease is for and the nature of the debtor's interest	GENERAL INSURANCE, GENERAL LIABILITY, UMBRELLA, AUTO/TRUCK, ETC. 8224-4696	GENATT V LLC (GENERAL INSURANCE) ATTN: LORI EVES 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042
	State the term remaining List the contract number of any government contract	4/1/2015 - RENEWS ANNUALLY	
2.55	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 63 WOODBIDGE MALL	GENERAL GROWTH PROPERTIES, INC 110 N WACKER DRIVE, 1-25 CHICAGO, IL 60606
	State the term remaining List the contract number of any government contract		
2.56	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 7 CLOCKTOWER PLACE	GLEN COVE ROAD REALTY ASSOCIATES, LLC PO BOX 1026 MELVILLE, NY 11747
	State the term remaining List the contract number of any government contract		
2.57	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 18 BAYONNE	GOLDBRUN REALTY LLC 1056 EAST 7TH STREET BROOKLYN, NY 11230
	State the term remaining List the contract number of any government contract		
2.58	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 49 THE COURT AT DEPTFORD II	GOLDENBERG GROUP 350 SENTRY PARKWAY SUITE 300 BLUE BELL, PA 19422
	State the term remaining List the contract number of any government contract		
2.59	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	GOODE PARTNERS
	State the term remaining List the contract number of any government contract	10/27/2014 - 4/27/2016	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.60	State what the contract or lease is for and the nature of the debtor's interest	ROOF MAINTENANCE	HAGEMAN ROOFING ATTN: WILLIE MULLEN 16 INDUSTRIAL AVENUE RIDGEFIELD PARK, NJ 07660
	State the term remaining List the contract number of any government contract	5/31/2011 - OPEN	
2.61	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 12 JOURNAL SQUARE	HERMINE GEWIRTZ 150 EAST 69TH STREET APT. 28H NEW YORK, NY 10021
	State the term remaining List the contract number of any government contract		
2.62	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 51 PASSAIC	HERMINE GEWIRTZ 150 EAST 69TH STREET APT. 28H NEW YORK, NY 10021
	State the term remaining List the contract number of any government contract		
2.63	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	HILCO MERCHANT RESOURCES, LLC AND HILCO REAL ESTATE, LLC
	State the term remaining List the contract number of any government contract	1/26/2015 - EVERGREEN	
2.64	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 26 HILLSIDE SHOPPING CENTER	HUTCH TARRYTOWN LLC 1250 WATERS PLACE PENTHOUSE 1 BRONX, NY 10461
	State the term remaining List the contract number of any government contract		
2.65	State what the contract or lease is for and the nature of the debtor's interest	POS MAINTENANCE 5286177	IBM 1MACK DRIVE PARAMUS, NJ 07653
	State the term remaining List the contract number of any government contract	EVERGREEN	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.66	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 66 INDIAN HEAD PLAZA	INDIAN HEAD PLAZA ASSOCIATES 1051 BLOOMFIELD AVENUE CLIFTON, NJ 07012
	State the term remaining List the contract number of any government contract		
2.67	State what the contract or lease is for and the nature of the debtor's interest	SOFTWARE MAINTENANCE CO127	ISLAND PACIFIC, INC. 19800 MACARTUR BLVD SUITE 1200 IRVINE, CA 92612
	State the term remaining List the contract number of any government contract	5/4/2012 - 30-DAY NOTICE BY EITHER PARTY	
2.68	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	JASSIN CONSULTING GROUP
	State the term remaining List the contract number of any government contract	1/15/2015 - EVERGREEN	
2.69	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	JRG APPAREL GROUP/INDIGO REIN 1407 BROADWAY SUITE #817 NEW YORK, NY 10018
	State the term remaining List the contract number of any government contract	12/14/2015 - EVERGREEN	
2.70	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	JUDITH HARRISON
	State the term remaining List the contract number of any government contract	12/15/2014 - EVERGREEN	
2.71	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 8 AIRPORT PLAZA	KIMCO REALTY - NEW YORK METROPOLITAN REGION 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042-0020
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.72	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 31 EDGEWATER COMMONS	KIMCO REALTY - NEW YORK METROPOLITAN REGION 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042-0020
	State the term remaining List the contract number of any government contract		
2.73	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 59 MEADOWBROOK COMMONS	KIMCO REALTY - NEW YORK METROPOLITAN REGION 3333 NEW HYDE PARK ROAD NEW HYDE PARK, NY 11042-0020
	State the term remaining List the contract number of any government contract		
2.74	State what the contract or lease is for and the nature of the debtor's interest	COPIER MAINTENANCE	LDI COLOR TOOLBOX (TOSHIBA COLOR COPIER) ATTN: DONALD BAUMAN 140 F COMMERCE WAY TOTOWA, NJ 07512
	State the term remaining List the contract number of any government contract	9/30/2011 - 9/30/2016	
2.75	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 41 86TH ST	LEONA MEISEL AND ABIGAIL MEISEL, C/O DR. ARTHUR M. MEISEL 30 FIFTH AVENUE NEW YORK, NY 10011
	State the term remaining List the contract number of any government contract		
2.76	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 84 PLAZA 46 WEST	LEVCO ROUTE 46 ASSOCIATES 1051 BLOOMFIELD AVENUE CLIFTON, NJ 07012
	State the term remaining List the contract number of any government contract		
2.77	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 75 THE PLAZA 35	LEVCOM WALL PLAZA ASSOCIATES 1051 BLOOMFIELD AVENUE CLIFTON, NJ 07012
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.78	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 25 BLUE STAR SHOPPING CENTER	LEVIN MANAGEMENT COMPANY 975 US HIGHWAY 22 N PLAINFIELD, NJ 07061
	State the term remaining List the contract number of any government contract		
2.79	State what the contract or lease is for and the nature of the debtor's interest	MEDICAL AND VOLUNTARY BENEFITS PORTAL FOR EMPLOYEES	LIAZON 199 SCOTT STREET, SUITE 800 BUFFALO, NY 14204
	State the term remaining List the contract number of any government contract	1/1/2016 - ONE YEAR	
2.80	State what the contract or lease is for and the nature of the debtor's interest	UTILITY SUPPLY SERVICE 211426057904080	LIBERTY POWER 1901 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309
	State the term remaining List the contract number of any government contract	5/4/2015 - 5/3/2016	
2.81	State what the contract or lease is for and the nature of the debtor's interest	DRIVERS' UNION	LOCAL 124 RAISE ATTN: ROY VARELLA 157 SUMMERFIELD STREET SCARSDALE, NY 10583
	State the term remaining List the contract number of any government contract	7/1/2013 - 7/1/2016	
2.82	State what the contract or lease is for and the nature of the debtor's interest	STORE AND WARHOUSE UNION	LOCAL 340A WORKERS UNITED A/W SEIU ATTN: FRED KAPLAN 133 WEST 14TH STREET NEW YORK, NY 10011
	State the term remaining List the contract number of any government contract	12/1/2011 - 1/30/2016	
2.83	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 24 MARKETPLACE AT ROCKAWAY	MARKET PLACE AT ROCKAWAY, LLC 2025 ROUTE 27 SUITE 220 EDISON, NJ 08817
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.84	State what the contract or lease is for and the nature of the debtor's interest	(4) COMPUTER PRINTERS MAINTENANCE	MIDRANGE REPAIR AND PARTS (MRP) 3821 WEST 127TH PLACE ALSIP, IL 60803
	State the term remaining List the contract number of any government contract	10/1/2015 - 9/30/2016	
2.85	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	MOSAICON USA
	State the term remaining List the contract number of any government contract	12/19/2014 - EVERGREEN	
2.86	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 87 QUEENS	MYRTLE AVE DEVELOPMENT PARTNERS C/O BIG INVESTORS 240 KENT AVENUE BROOKLYN, NY 11249
	State the term remaining List the contract number of any government contract		
2.87	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 39 EAST MEADOW COMMONS	NASSIMI REALTY, LLC 370 SEVENTH AVE, SUITE 1700 NEW YORK, NY 10001-3903
	State the term remaining List the contract number of any government contract		
2.88	State what the contract or lease is for and the nature of the debtor's interest	ALARM AND FIRE ALARMS SERVICE (1) STORES	NB SYSTEMS 1025 SAW MILL RIVER RD YONKERS, NY 10710
	State the term remaining List the contract number of any government contract	UNKNOWN	
2.89	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	NEW WATER CAPITAL, LP
	State the term remaining List the contract number of any government contract	9/21/2015 - 9/20/2016	

Debtor Name **Joyce Leslie, Inc.**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.90	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 23 HAWLEY LANE MALL	NRDC 3 MANHATTANVILLE RD SUITE 202 PURCHASE, NY 10577
	State the term remaining List the contract number of any government contract		
2.91	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 35 HADLEY CENTER	NRDC 3 MANHATTANVILLE RD, SUITE 202 PURCHASE, NY 10577
	State the term remaining List the contract number of any government contract		
2.92	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 78 NORTH HAVEN PAVILION	NRDC 3 MANHATTANVILLE RD SUITE 202 PURCHASE, NY 10577
	State the term remaining List the contract number of any government contract		
2.93	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 93 ORANGE PLAZA	NRDC 3 MANHATTANVILLE RD SUITE 202 PURCHASE, NY 10577
	State the term remaining List the contract number of any government contract		
2.94	State what the contract or lease is for and the nature of the debtor's interest	INVESTMENT BANKING SERVICES	OBERON SECURITIES 1412 BROADWAY SUITE 2304 NEW YORK, NY 10018
	State the term remaining List the contract number of any government contract		
2.95	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 79 PELHAM SHOPPING PLAZA	P/A ACADIA PELHAM MANOR, LLC C/O ACADIA REALTY TRUST 1311 MAMARONECK AVENUE, SUITE 260 WHITE PLAINS, NY 10605
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.96	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 99 JL HEADQUARTERS/WHSE	PARADISO ROSEN MANAGEMENT 68 SOUTHFIELD ACW SUITE 100 STAMFORD, CT 06902
	State the term remaining List the contract number of any government contract		
2.97	State what the contract or lease is for and the nature of the debtor's interest	ALARM AND FIRE ALARMS SERVICE (1) STORES 1400131008750	PM SYSTEMS 98 8TH AVENUE HOLTSVILLE, NY 11742
	State the term remaining List the contract number of any government contract	UNKNOWN	
2.98	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	PRIME BUSINESS CREDIT 1055 W.7TH STREET LOS ANGELES, CA 90017
	State the term remaining List the contract number of any government contract	3/17/2014 - EVERGREEN	
2.99	State what the contract or lease is for and the nature of the debtor's interest	EMPLOYEE 401K 41325001	PRUDENTIAL 500 MAIN STREET DUBUQUE, IA 52001
	State the term remaining List the contract number of any government contract	1/1/2016 - ONE YEAR	
2.100	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	RAINBOW NORTHEAST LEASING, INC.
	State the term remaining List the contract number of any government contract	2/5/2015 - 8/6/2016	
2.101	State what the contract or lease is for and the nature of the debtor's interest	EMPLOYMENT AGREEMENT	RAYMOND SICONOLFI 10 RAINBOW TERRACE WEST ORANGE, NJ 07052
	State the term remaining List the contract number of any government contract	12/1/2014 - OPEN	

Debtor Name **Joyce Leslie, Inc.**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.102	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #24, 25, 27, 35	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	4/1/2011 - RENEWS ANNUALLY	
2.103	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #95	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	3/2/2010 - RENEWS ANNUALLY	
2.104	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #85	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	4/1/2011 - RENEWS ANNUALLY	
2.105	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #66, 75	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	8/22/2014 - RENEWS ANNUALLY	
2.106	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #48, 56, 67, 68	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	11/18/2009 - RENEWS ANNUALLY	
2.107	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #49	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	10/8/2010 - RENEWS ANNUALLY	

Debtor Name **Joyce Leslie, Inc.**

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Case number (if known): **16-22035****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.108	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #46	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	2/2/2015 - RENEWS ANNUALLY	
2.109	State what the contract or lease is for and the nature of the debtor's interest	HVAC PREVENTATIVE MAINT. #32	RITE-AIR MECHANICAL SERVIES 109 EDGEWOOD AVE BELLMAWR, NJ 08031
	State the term remaining List the contract number of any government contract	8/30/2011 - RENEWS ANNUALLY	
2.110	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	RIVER CAPITAL FINANCE LLC
	State the term remaining List the contract number of any government contract	3/27/2015 - 3/26/2017	
2.111	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 36 NEW CENTURY PLAZA	RPAI US MANAGEMENT LLC 2021 SPRING ROAD OAK BROOK, IL 60523
	State the term remaining List the contract number of any government contract		
2.112	State what the contract or lease is for and the nature of the debtor's interest	TRUCK LEASE 44204	RYDER TRUCK LEASING ATTN: TODD SKILES 119 MOONACHIE AVE MOONACHIE, NJ 07074
	State the term remaining List the contract number of any government contract	12/1/2009 - 6/1/2015	
2.113	State what the contract or lease is for and the nature of the debtor's interest	SALE IN CLOSED STORES	SB CAPITAL, LLC 708 THIRD AVENUE NEW YORK, NY 10017
	State the term remaining List the contract number of any government contract	10/15/2015 - OPEN	

Debtor Name **Joyce Leslie, Inc.**

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List all contracts and unexpired leases

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2.114	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	SCHLOMO TAMIR
	State the term remaining List the contract number of any government contract	12/18/2015 - EVERGREEN	
2.115	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	SIMPLY FASHIONS, LTD
	State the term remaining List the contract number of any government contract	1/28/2015 - EVERGREEN	
2.116	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	STAPLE STREET CAPITAL, LLC
	State the term remaining List the contract number of any government contract	1/9/2015 - EVERGREEN	
2.117	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 32 POND ROAD PLAZA-NORTH	STAVOLA REALTY CORP 620 TINTON AVE BLDG B, SUITE 200 TINTON, NJ 07724
	State the term remaining List the contract number of any government contract		
2.118	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	STEPPINGSTONE GROUP ACQUISITION, LLC
	State the term remaining List the contract number of any government contract	5/28/2015 - 5/27/2017	
2.119	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 61 BAKERS CENTRE	TKMG ASSOCIATES, LP 120-124 E LANCASTER AVENUE SUITE 101 ARDMOORE, PA 19003
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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2.120	State what the contract or lease is for and the nature of the debtor's interest	ALARM AND FIRE ALARMS SERVICE (16) STORES	TYCO/ADT 10405 CROSSPOINT BLVD. INDIANAPOLIS, IN 46256
	State the term remaining List the contract number of any government contract	UNKNOWN	
2.121	State what the contract or lease is for and the nature of the debtor's interest	MEDICAL INSURANCE	UNITED HEALTHCARE/OXFORD 48 MONROE TURNPIKE TRUMBALL, CT 06611
	State the term remaining List the contract number of any government contract	1/1/2016 - ONE YEAR	
2.122	State what the contract or lease is for and the nature of the debtor's interest	ALARM AND FIRE ALARMS SERVICE (2) STORES	VECTOR SECURITY 107B GAITHER DRIVE MT. LAUREL, NJ 08054
	State the term remaining List the contract number of any government contract	UNKNOWN	
2.123	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 6 MORRIS PLAINS	VORNADO REALTY TRUST 210 ROUTE 4 EAST PARAMUS, NJ 07074
	State the term remaining List the contract number of any government contract		
2.124	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 46 TICES CORNER	VORNADO REALTY TRUST 210 ROUTE 4 EAST PARAMUS, NJ 07074
	State the term remaining List the contract number of any government contract		
2.125	State what the contract or lease is for and the nature of the debtor's interest	EXECUTORY CONTRACTS / LEASES STORE# 56 PARKWAY 70 PLAZA	VORNADO REALTY TRUST 210 ROUTE 4 EAST PARAMUS, NJ 07074
	State the term remaining List the contract number of any government contract		

Debtor Name **Joyce Leslie, Inc.**

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2.126	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	WILLIAM SONCINI 306 DAVIS ROAD HAVERTOWN, PA 19083
	State the term remaining List the contract number of any government contract	12/2/2015 - EVERGREEN	
2.127	State what the contract or lease is for and the nature of the debtor's interest	NON-DISCLOSURE AGREEMENT	ZURICH NORTH AMERICAN INSURANCE CO. ONE LIBERTY PLAZA NEW YORK, NY 10006
	State the term remaining List the contract number of any government contract	10/27/2014 - 10/26/2016	

Debtor Name **Joyce Leslie, Inc.**

United States Bankruptcy Court for the Southern District of New York

Case number (if known): **16-22035**

☐ Check if this is an
amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any codebtors?

☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes.

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

**Check all schedules
that apply**

NONE

Debtor Name Joyce Leslie, Inc.

United States Bankruptcy Court for the Southern District of New York

Case Number: 16-22035

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

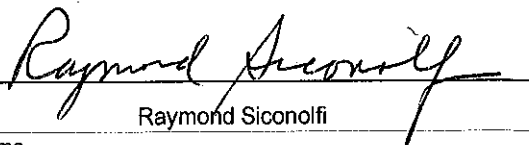
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets- Real and Personal Property* (Official Form 206 A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206 D)
- ☒ *Schedule E/F: Creditors Who Have Claims Unsecured Claims* (Official Form 206 E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206 G)
- ☒ *Schedule H: Executory Contracts and Unexpired Leases* (Official Form 206 H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ *Other document that requires a declaration*

I, the Controller of the Joyce Leslie, Inc., declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 526 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Executed on: 02/03/2016
MM/DD/YYYY

Signature


Raymond Siconolfi

Printed Name

Controller

Title